LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

OFFICE OF ADMINISTRATIVE OPERATIONS – QUALITY IMPROVEMENT DIVISION

CULTURAL COMPETENCY UNIT

CULTURAL COMPETENCE PLAN UPDATE – FY 16-17

Criterion 3

Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities

August 2018

Criterion 3: Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities

I. List of Target Populations with Disparities

Using FY 16-17 data, the LACDMH target populations with mental health disparities by Service Area (SA) are as follows:

Medi-Cal population

By ethnicity

- African American in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- Asian Pacific Islander (API) in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- Latino in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- American Indian/Alaska Native (AI/AN) in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- White in SAs 1, 2, 3, 4, 5, 6, 7, and 8

By language

- Arabic, Countywide disparity
- Armenian in SAs 2 and 4
- Cambodian in SA 8
- Cantonese in SAs 3 and 4
- English in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- Farsi in SAs 2 and 5
- Korean in SAs 2, 3, 4, 7, and 8
- Mandarin in SA 3
- Other Chinese in SA 3
- Russian in SAs 2 and 4
- Spanish in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- Tagalog in SA 2
- Vietnamese in SAs 2, 3, 4, and 8

By age group

- Children in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- Transitional Age Youth (TAY) in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- Adults in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- Older Adults in SAs 1, 2, 3, 4, 5, 6, 7, and 8

By gender

- Male in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- Female in SAs 1, 2, 3, 4, 5, 6, 7, and 8

Community Services and Support (CSS) Plan
The CSS disparities are the same as Medi-Cal listed above because the populations served overlap.

By ethnicity
- African American in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- Asian Pacific Islander (API) in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- Latino in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- American Indian/Alaska Native (AI/AN) in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- White in SAs 1, 2, 3, 4, 5, 6, 7, and 8

By language
- Arabic, Countywide disparity
- Armenian in SAs 2 and 4
- Cambodian in SA 8
- Cantonese in SAs 3 and 4
- English in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- Farsi in SAs 2 and 5
- Korean in SAs 2, 3, 4, 7, and 8
- Mandarin in SA 3
- Other Chinese in SA 3
- Russian in SAs 2 and 4
- Spanish in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- Tagalog in SAs 2
- Vietnamese in SAs 2, 3, 4, and 8

By age group
- Children in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- Transitional Age Youth (TAY) in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- Adults in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- Older Adults in SAs 1, 2, 3, 4, 5, 6, 7, and 8

By gender
- Male in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- Female in SAs 1, 2, 3, 4, 5, 6, 7, and 8

Workforce, Education, and Training (WET)

By ethnicity
- API
- Latinos

By age group
- Older Adults over the age of 60

By language

- Arabic, Armenian, Cambodian, Cantonese, Farsi, Korean, Mandarin, Other Chinese, Russian, Spanish, Tagalog, Vietnamese, and American Sign Language

Prevention Early Intervention (PEI) Priority Populations with Disparities

Underserved Cultural Populations

- Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex/2-Spirit (LGBTQI2-S)
- Deaf/Hard of Hearing
- Blind/Visually impaired
- AI/AN

Individuals Experiencing Onset of Serious Psychiatric Illness

- Young Children
- Children
- TAY
- Adults
- Older Adults

Children/Youth in Stressed Families

- Young Children
- Children
- TAY

Trauma-exposed

- Veterans
- Young Children
- Children
- TAY
- Adults
- Older Adults

Children/Youth at Risk for School Failure

- Young Children
- Children
- TAY

Children/Youth at Risk of or Experiencing Juvenile Justice

- Children
- TAY

Note:

This criterion contains detailed information on numerous programs. The information on each program follows this structure:

- Description
- Summary chart of strategies to reduce disparities

- Outcomes

A glossary of acronyms has been developed to guide the reading of this information (***See Attachment 1: Acronyms****).*

II. MHSA and LACDMH Strategies to Reduce Disparities

MHSA strategies include CSS, WET, and PEI plans, which are integrated into LACDMH's programs to reduce disparities. Additionally, LACDMH has implemented the following strategies to reduce mental health disparities, eliminate stigma and increase equity – service delivery

- Collaboration with faith-based and other trusted community entities/groups
- Multilingual/multicultural materials
- Co-location with other county departments (e.g., DCFS, Department of Public Social Services (DPSS), and DHS)
- Community education to increase mental health awareness and decrease stigma
- Consultation to gatekeepers
- Countywide FSP Networks to increase linguistic/cultural access
- Creation of new committees, subcommittees, and taskforces that address cultural and linguistic competent service delivery
- Designating and tracking ethnic targets for FSP
- EBPs/CDEs for ethnic populations
- Field-based services
- Flexibility in FSP enrollment such as allowing "those living with family" to qualify as "at-risk of homelessness"
- Health Agency level collaborations to enhance the cultural and linguistic competence within and across Departments of Health Services, Mental Health, and Public Health
- Implementation of capacity-building projects based on the specific needs of targeted groups via the Underserved Cultural Communities subcommittees (UsCC)
- Implementation of new departmental policies and procedures that improve the quality and timeliness of delivering mental health services
- Implementation of new technologies to enhance the Department's service delivery
- Increasing mental health service accessibility to underserved populations
- Integrated Supportive Services
- Interagency Collaboration
- Investments in learning (e.g. Innovation Plan)
- Multi-lingual/multi-cultural staff development and support Outreach and Engagement (O&E)
- Physical health, mental health, and substance abuse service integration
- Programs that target specific ethnic and language groups
- Provider communication and support
- School-based services

- Trainings/case consultation
- Utilizing community's knowledge and capacity to identify ways of promoting health and wellbeing

The chart below summarizes the endorsement of LACDMH strategies to reduce disparities by Program.

	NAME OF PROGRAM	Outreach and Engagement	Community Education	Multi-lingual materials	Faith-based collaboration	School-based services	Field-based services	Specific ethnic/language group	FSP-ethnic targets	FSP-enrollment flexibility	FSP-countywide networks	Integrated Supportive Services	Co-location of services	Interagency collaboration	Consultation to gatekeepers	Trainings/case consultation	Provider communication/support	Multi-cultural staff development	EBP's/CDE's for ethnic populations	Learning investments	Community partnerships	New technologies	Service accessibility	Integration of services	Policies & procedures	Committees & taskforces
ADULTS SYSTEMS OF CARE	1) FCCS – Adult	x	x	x	x		x	x	x	x	x	x		x	x	x	x	x	x		x	x	x	x	x	
	2) FSP – Adult	x	x	x	x		x	x	x	x	x	x		x	x	x	x	x	x		x	x	x	x	x	
CHILDRENS SYSTEM OF CARE	3) FCCS – Child	x				x	x	x	x	x	x			x		x	x			x			x		x	
	4) FSP – Child	x				x	x	x	x	x	x			x		x	x			x			x		x	
	5) IFCCS	x				x	x	x	x	x	x			x		x	x			x			x		x	
	6) Katie A.	x		x	x	x	x					x	x	x	x	x	x	x				x	x	x	x	x
OLDER ADULTS (OA)	7) FCCS – OA	x	x	x			x	x					x	x	x	x	x	x				x	x	x	x	x
	8) FSP – OA	x	x	x	x		x	x	x	x	x			x	x	x	x	x		x	x	x	x	x		x
	9) OA Service Extenders	x	x	x			x	x								x		x			x		x	x		
SPIRITUALITY	10) Chaplaincy	x	x	x	x			x			x	x		x	x	x	x	x	x		x		x	x	x	x
	11) Faith-based Advocacy Council	x	x	x	x			x				x		x			x		x	x	x		x	x	x	x
	12) Spirituality – Mental Health / Interfaith Clergy Roundtable	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x
	13) Mental Health & Spirituality Conference	x	x		x									x	x	x		x	x		x		x	x		
	14) Mental Health & Spirituality Training	x	x	x	x	x	x	x			x	x		x	x	x	x	x	x	x	x		x	x	x	x
TAY	15) TAY Division	x		x	x		x	x	x	x		x	x	x	x	x	x					x	x		x	
	16) FSP – Young Mothers and Babies	x					x	x	x	x		x		x			x	x					x			
VARIOUS PROGRAMS THAT TARGET DISPARITIES	17) CalWORKs	x	x	x	x		x						x	x		x	x	x								
	18) DMH/DHS Collaboration vProgram	x	x	x	x			x					x	x		x	x						x	x	x	

	NAME OF PROGRAM	Outreach and Engagement	Community Education	Multi-lingual materials	Faith-based collaboration	School-based services	Field-based services	Specific ethnic/language group	FSP-ethnic targets	FSP-enrollment flexibility	FSP-countywide networks	Integrated Supportive Services	Co-location of services	Interagency collaboration	Consultation to gatekeepers	Trainings/case consultation	Provider communication/support	Multi-cultural staff development	EBP's/CDE's for ethnic populations	Learning investments	Community partnerships	New technologies	Service accessibility	Integration of services	Policies & procedures	Committees & taskforces
Cont.	19) IMHT	x					x					x							x				x			
	20) MHA	x	x	x	x			x			x	x		x	x	x	x	x	x		x		x	x	x	x
	21) PEI	x	x	x	x	x		x	x			x	x	x	x	x	x		x	x	x		x	x		
	22) Promotores de Salud	x	x	x	x	x	x	x				x		x		x		x	x	x	x	x	x	x	x	
	23) RRR-ISM	x	x	x	x							x		x	x	x	x	x		x	x		x	x		
	24) Telemental Health and Consultation							x					x	x		x	x		x			x	x	x	x	
	25) UsCC	x	x	x	x		x		x	x	x		x	x	x	x	x	x		x	x		x		x	
	26) VALOR	x	x	x	x		x		x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	
	27) WET Division	x	x	x	x			x								x		x					x	x		
	28) Health Agency Partnerships													x	x									x	x	x

Adult Systems of Care

The ASOC, which includes Adult FSP, Adult FCCS, and Wellness/Client-Run Centers projects and activities contribute to LACDMH's provision of culturally and linguistically competent services. The ASOC works closely with the consumers and specialized community organizations to receive feedback and direction, and continues to focus on expanding and delivering effective services to the communities and citizens of Los Angeles County. These field-based services are designed to meet the individual needs of consumers. The structure of the FSP program and its navigation referral system ensure that consumers with specific language and/or culture needs can be matched with a provider who can serve them appropriately.

Referrals can be made from many resources. They can be made by the individuals, the community, family members, institutional settings such as jails and hospitals, and other organizations including homeless shelters and health care.

All consumers have the right to services that are delivered in a timely and sensitive manner. The implementation of the Service Request Tracking System (SRTS) has allowed the referral system to be streamlined and improved consumer access to care. The system is also able to identify cultural and linguistic needs so that consumers are connected to the best fit for intake and programming.

Adult FCCS

The Adult FCCS program provides an array of recovery-oriented, field-based and engagement-focused mental health services to adults. The goal of Adult FCCS is to build the capacity of LACDMH to serve this significantly underserved population with specifically trained professional and paraprofessional staff working together as part of a multi-disciplinary team. Services include outreach and engagement, (O & E), bio-psychosocial assessment, individual and family treatment, evidence-based practices, medication support, linkage and case management support, treatment for Co-Occurring Disorders (COD), peer counseling, family education and support, and medication support.

Adult FCCS are specialty mental health services provided to adults, ages 26 to 59 and above by professionals and paraprofessionals specially trained to recognize and respond to the unique biopsychosocial needs of adults. Fifty percent of all FCCS are to be provided in field-based settings, including but not limited to consumer's residence, recreational centers, board and care facilities, and primary care settings.

The following mental health and support services are examples of potential services that consumers might receive if participating in FCCS:

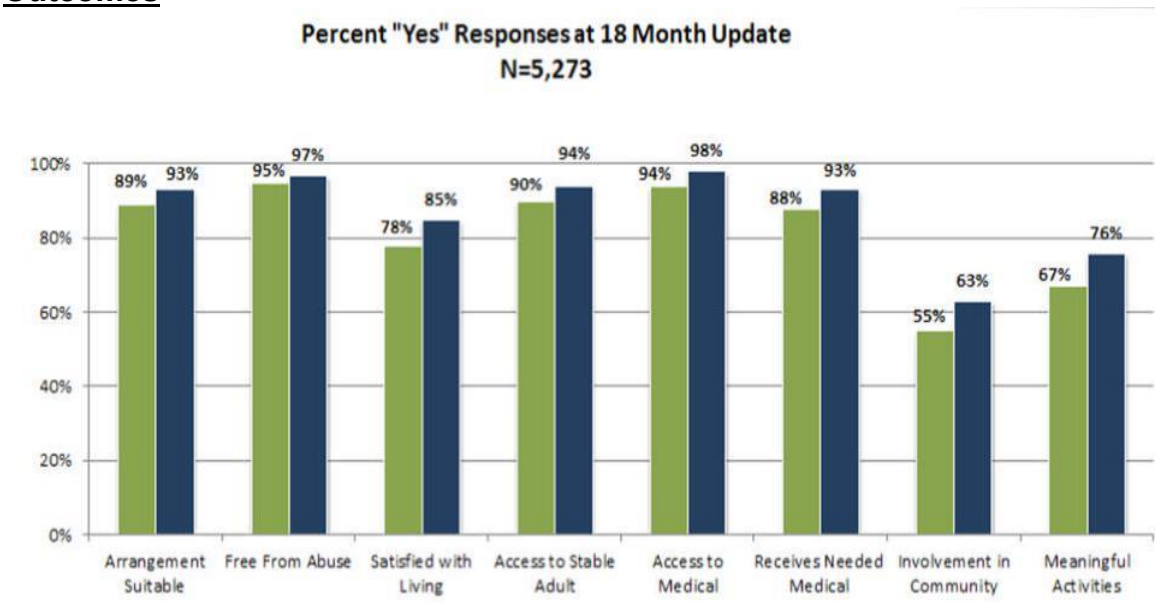
- O&E services to communities and individuals who may be in need of services
- Culturally and linguistically compatible services
- Counseling, psychotherapy, and case management
- Bio-psychosocial assessment
- Field-based services
- Medication Support
- Linkage and coordination, for medical, dental, vision and other health care needs
- Specialized assessment and treatment interventions for COD, such as mental illness and substance abuse
- Self-help and family support groups
- Employment, linkage, and support services
- Linkage to education
- Assistance in obtaining transportation relating to their goal
- Assistance in finding a safe and affordable place to live, or assistance in remaining in a home
- Benefits establishment for qualified individuals
- Integrated services for consumers with substance abuse and mental health disorders
- EBP models

Consumers served for FY 16-17 by Adult FCCS

Program/ Project/ Activity	Number of Consumers Served by Ethnicity and Gender									
	White	African American	Latino	API	American Indian	Other Ethnicity	Unknown	Male	Female	Unknown
Adult FCCS	1,812	2,023	3,217	788	126	368	356	3,942	4,746	2
	Language of Staff:									
	Amharic			English			Mandarin			
	Arabic			Farsi			Russian			
	Armenian			Hebrew			Spanish			
	Cambodian			Ibo			Tagalog			
	Cantonese			Japanese			Vietnamese			
	Edo			Korean						

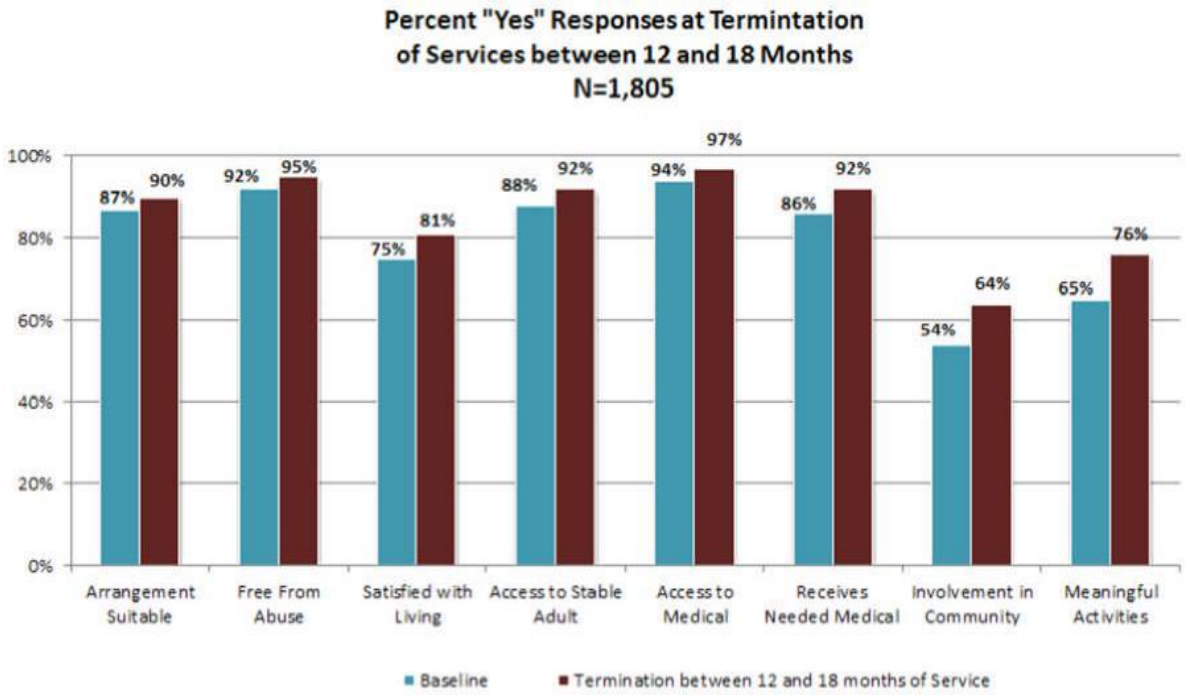
ADULT FCCS		
Projects/Activities/Strategies	**Status/Progress**	**Monitoring/Outcomes/Findings**
Site visits completed for all Adult FCCS providers.	Completed/program discontinued	Reviewed consumer outcomes, program performance, compliance and expenditures. Providers require technical support and assistance, as well as, clarification on program expectations.
Quarterly Outcome measures were Implemented.	Completed/program discontinued	Data addressed providers compliance in the area of outcome measures (no baseline, 6 month update).
Provided trainings, consultations, technical assistance, provider meetings and round tables	Completed/program discontinued	Based on a comprehensive assessment, provider training needs and supports were identified and addressed.

Outcomes*



After 18 months of services, adult FCCS consumers showed a positive change in the following areas:

- 15% increase with their involvement in the community
- 13% increase in their participation in meaningful activities
- 9% increase with those satisfied with their living arrangement
- 6% increase in consumers receiving needed medical services



For those terminating between 12-18 months of services, adult FCCS consumers showed a positive change in the following areas:

- 19% increase with their involvement in the community
- 17% increase in their participation in meaningful activities
- 8% increase with those satisfied with their living arrangement
- 7% increase in consumers receiving needed medical services

*Outcomes as of 11/21/16. Source: MHSA Three Year Program & Expenditure Plan, FY 17-18 through FY 19-20

Adult FSP

The Adult FSP program serves adults ages 26 to 59 who have been diagnosed with a severe mental illness and could benefit from intensive services. Individuals who have a history of or are living with a family member and at risk for homelessness, incarceration, and/or psychiatric hospitalization could benefit from this program. Services include extensive mental health services; medication support; linkage to community services, housing, employment; money management services; and assistance in accessing medical care. This program included consumers from diverse ethnic communities with a collaborative focusing on the API community.

FSP provides comprehensive, intensive community field-based mental health services to individuals from identified focal populations who typically have not responded well to traditional outpatient mental health and psychiatric rehabilitation services, or may have avoided utilization of these services while incurring high costs related to acute hospitalization and long term care.

The following mental health and support services are examples of potential services that consumers might receive if participating in FSP:

- O&E services to communities and individuals who may be in need of services
- Culturally and linguistically compatible services
- Counseling, psychotherapy, and case management
- Field-based services
- Linkage to education
- Assistance in obtaining transportation relating to their goal
- Assistance in finding a safe and affordable place to live, or assistance in remaining in a home
- Access to physical health care services
- Benefits establishment for qualified individuals
- Peer and parent support services
- 24/7 Assessment and crisis services
- Medication Support Services
- Self-help and family support groups
- Employment, linkage, and support services
- Representative payee services
- EBP models
- Integrated services for consumers with substance abuse and mental health disorders

Consumers served for FY 16-17 by Adult FSP

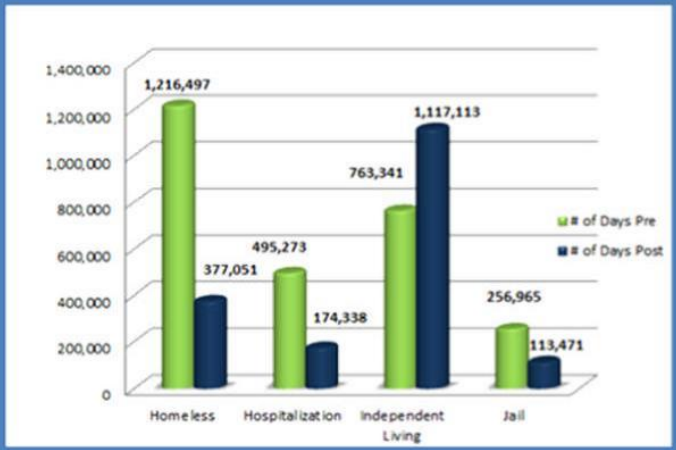
Program/ Project/ Activity	Number of Consumers Served by Ethnicity and Gender									
	White	African American	Latino	API	American Indian	Other Ethnicity	Unknown	Male	Female	Unknown
Adult FSP	1,613	1,933	1,631	354	61	287	140	3,594	2,421	4
	Language of Staff:									
	Amharic			English			Mandarin			
	Arabic			Farsi			Russian			
	Armenian			Hebrew			Spanish			
	Cambodian			Ibo			Tagalog			
	Cantonese			Japanese			Vietnamese			
	Edo			Korean						

ADULT FSP		
Projects/Activities/Strategies	**Status/Progress**	**Monitoring/Outcomes/Findings**
1. Whole Person Care	Implemented/ongoing	Pilot program designed to provide coordinated services to high utilizers of the mental health system. Many of the referrals are linked to FSP services. Providers are required to complete the appropriate outcome measures on referred consumers.
2. FSP I/FSP II Program		FSP I Program offers the most intensive and individualized recovery-oriented treatment for adults. Staff to consumer ratio is 1:15. Consumer tenure is two years. FSP II Program has a staff to consumer ratio of 1:45 and length of stay is an additional three years.
3. Forensic FSP	Implemented/ongoing	This program provides treatment for all justice-involved consumers. Each provider is responsible for collecting data to demonstrate, track, and document program effectiveness and performance outcomes.

ADULT FSP		
Projects/Activities/Strategies	**Status/Progress**	**Monitoring/Outcomes/Findings**
4. Integrated FSP (Combines both FCCS and FSP Programs)	Discontinued	The FSP Program offers the most intensive and individualized recovery-oriented treatment for Adults (Ages 18-56). Integrated FSP combines both FCCS and FSP Programs. Each provider is responsible for collecting data to demonstrate, track, and document program effectiveness and performance outcomes. The Outcomes Measures Application (OMA) data includes the completion of each consumer's Baseline, Key Event Change (KEC) specific to any major change in his/her life, and the Three-Month Report (3M) which details any changes in finances, such as income and other benefits.
5. COD Court: A specially-designated court program created to rehabilitate criminal defendants experiencing both mental illness and substance abuse disorders. Many of the defendants also experience chronic homelessness. The COD Court Program is offered to non-violent criminal defendants with co-occurring mental substance abuse addiction disorders who voluntarily agree to participate in a 12 to 18 month comprehensive, court-supervised COD treatment program	Implemented/ongoing; Court Linkage is the gatekeeper for this program.	Each provider is responsible for collecting data to demonstrate, track, and document program effectiveness and performance outcomes. The OMA data includes the completion of consumer Baseline, KEC, and the 3M.
6. Wellness Consumer Satisfaction Surveys (in all threshold languages)	Discontinued	Discontinued

Outcomes*

Adult FSP Clients Spent Fewer Days Homeless, Hospitalized, and in Jail and More Days Living Independently Post-Partnership

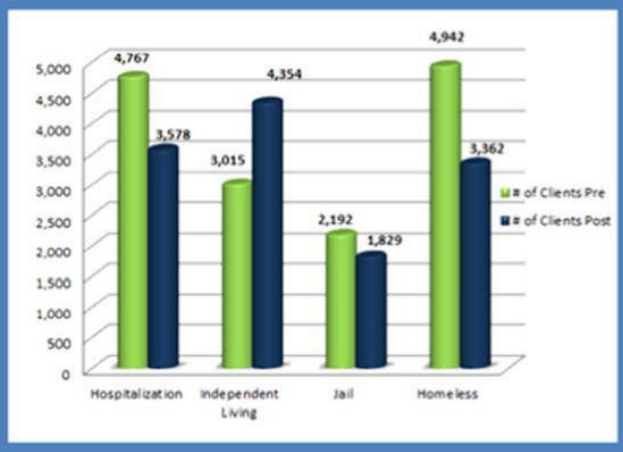


- ⇒ 69% reduction in days homeless post-partnership
- ⇒ 65% reduction in days hospitalized post-partnership
- ⇒ 56% reduction in days in jail post -partnership
- ⇒ 46% increase in the number of days living independently

Number of Baselines Included: 12,527
Number of Clients Included: 11,970

Data for clients served through June 30, 2016.

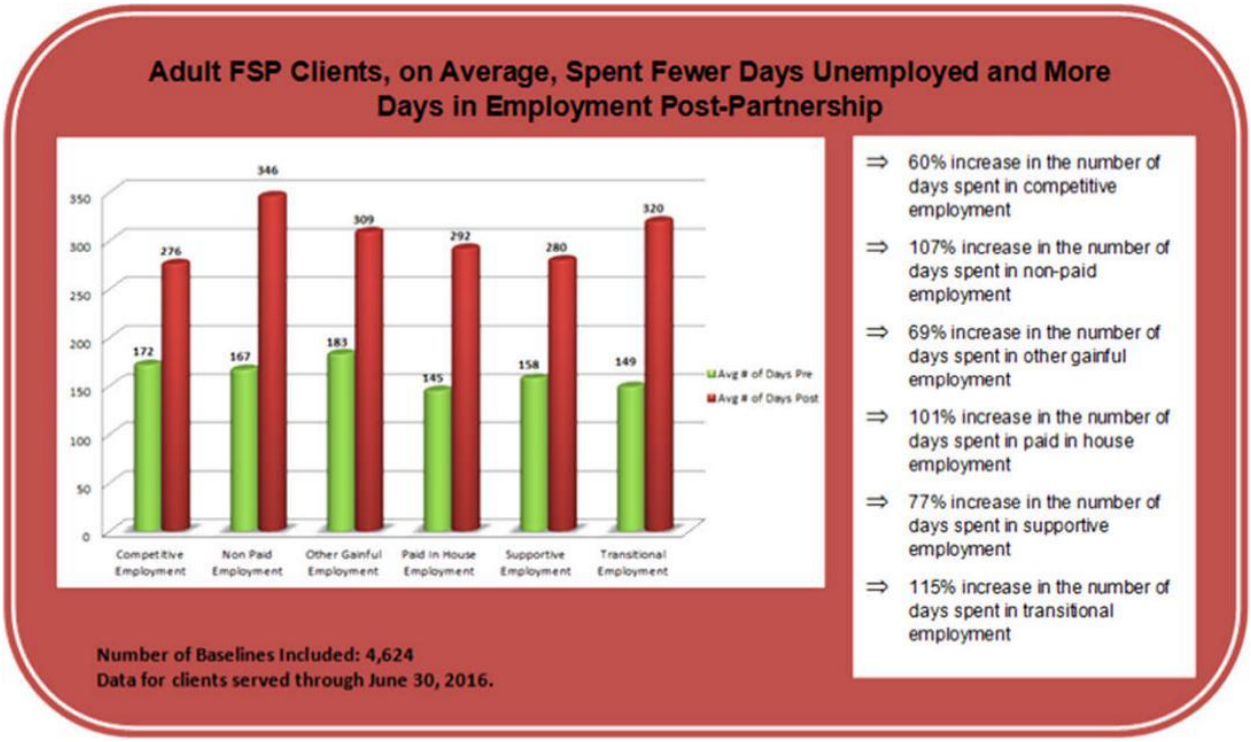
Fewer Adult FSP Clients Were Homeless, Hospitalized and in Jail and More Clients Lived Independently Post-Partnership

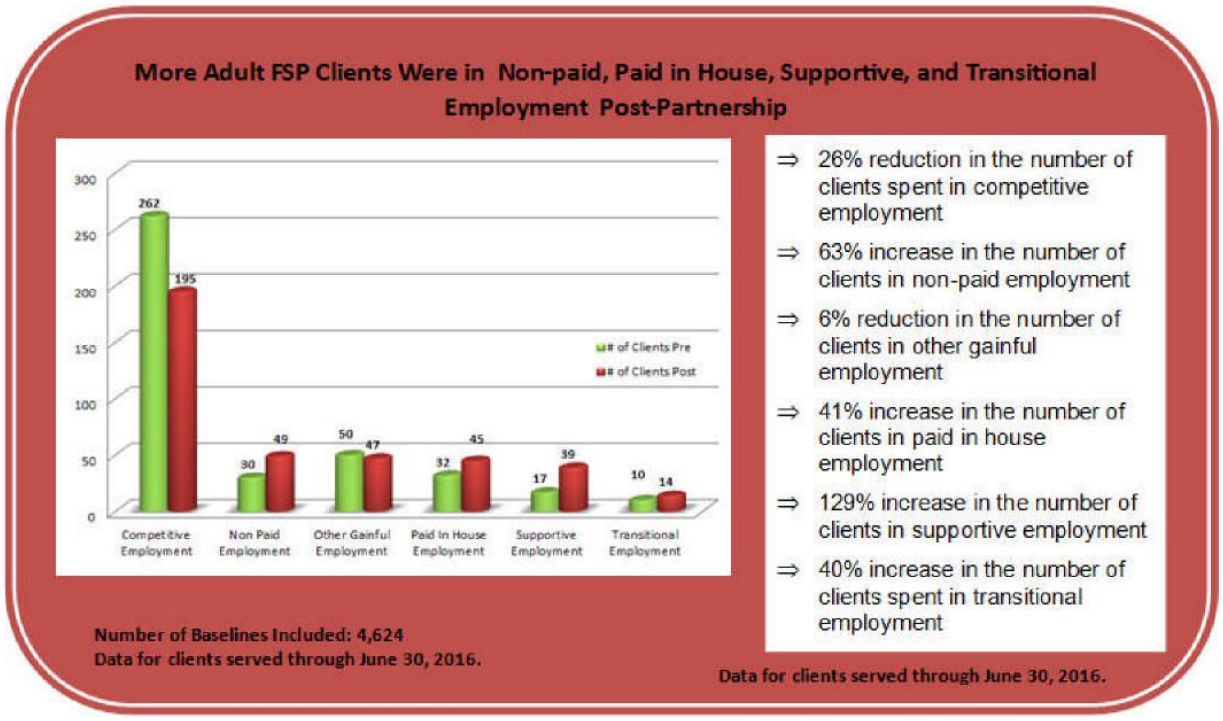


- ⇒ 32% reduction in the number of clients homeless post-partnership
- ⇒ 25% reduction in the number of clients hospitalized post-partnership
- ⇒ 17% reduction in the number of clients in jail post-partnership
- ⇒ 44% increase in the number of clients living independently

Number of Baselines Included: 12,527
Number of Clients Included: 11,970

Data for clients served through June 30, 2016.





*Outcome data of FY 15-16. Source: MHSA Three Year Program & Expenditure Plan, FY 17-18 through FY 19-20

Children's System of Care

The CSOC (C-FSP, C-FCCS, and IFCCS) programs provide culturally and linguistically competent services by ensuring that services are provided in the families' preferred language. Target populations are met consistently every fiscal year. If there is a decrease in a target population, program administration works with providers and SA

Navigation teams to outreach to populations who may need C-FSP, C-FCCS, and IFCCS services, but are not accessing these services. Community partnerships are an integral feature of C-FCCS. Program administration encourages collaboration with other systems, such as schools and health care centers, in order to reach populations that are at times difficult to serve.

The implementation of SRTS with C-FSP providers for referral assignment has helped the Department ensure that linkage to services occurs in a timely manner. C-FSP and C-FCCS exceed field-based targets every fiscal year. By adhering to and exceeding the guidelines for service location, both programs are helping LACDMH make services more accessible. These services are also delivered in community settings such as school and community centers, which allow more families access to services. By providing consumer supportive services and respite care services to a range of families from different ethnic groups, C-FSP decreased the disparity amongst the families receiving services.

C-FSP, C-FCCS, and IFCCS programs are dedicated to providing culturally and linguistically competent services by ensuring that services are provided in the families' preferred language and that providers employ a cultural humility approach. Program administration also has constant communication with mental health providers and together determine the need for additional trainings that will ensure staff is able to work with different ethnically diverse, multi-lingual, and special populations. Community partnerships are an integral feature of C-FCCS. Program administration encourages collaboration with other systems, such as schools and health care centers, in order to reach populations that are at times difficult to serve.

Child FCCS

Child FCCS program provides an array of resiliency-oriented and field-based mental health services to children and families. Child FCCS programs provide specialized mental health services delivered by a multi-disciplinary team of professional and paraprofessional staff. The focus of FCCS is working with community partners to provide a wide range of services that meet individual needs. The program is designed to provide services to individuals who are isolated, unwilling or unable to access traditional mental health outpatient services due to location/distance barriers, physical disabilities, or the stigma associated with receiving clinic-based services.

Services are delivered in the community but are less intensive in nature in comparison with Full Service Partnership services. C-FCCS programs are innovative and unique compared to traditional outpatient children services. The co-location of team members is another component of C-FCCS that allows service delivery to occur in a variety of settings (e.g. schools, health centers, and community centers).

IFCCS

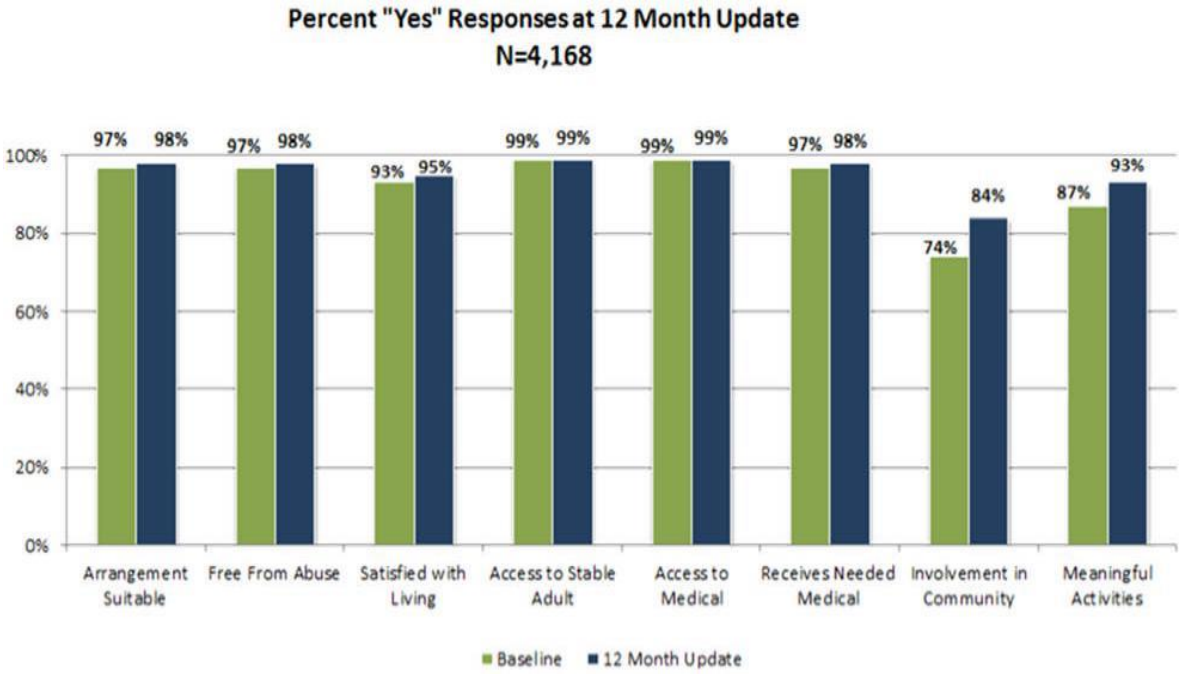
Child FCCS have been expanded to include Intensive Field Capable Clinical Services (IFCCS) and Intensive Targeted Case Management (ITCM). These services are specifically intended to address the more acute mental health needs of Katie A. subclass members and ensure that these youths receive medically necessary mental health services. The Katie A. subclass members are defined as children with open DCFS cases and Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) eligibility.

IFCCS is a field-based program developed in direct response to the State's expansion of services available to Katie A. Subclass members who have intensive mental health needs that are best met in a home-like setting. The goal of these services is to incorporate a coordinated child and family team approach into service delivery. This is achieved by engaging and assessing children and their families' strengths and underlying needs to minimize psychiatric hospitalizations, placement disruptions, out-of-home placements, and involvement with the juvenile justice system.

Consumers served for FY 16-17 by C-FCCS

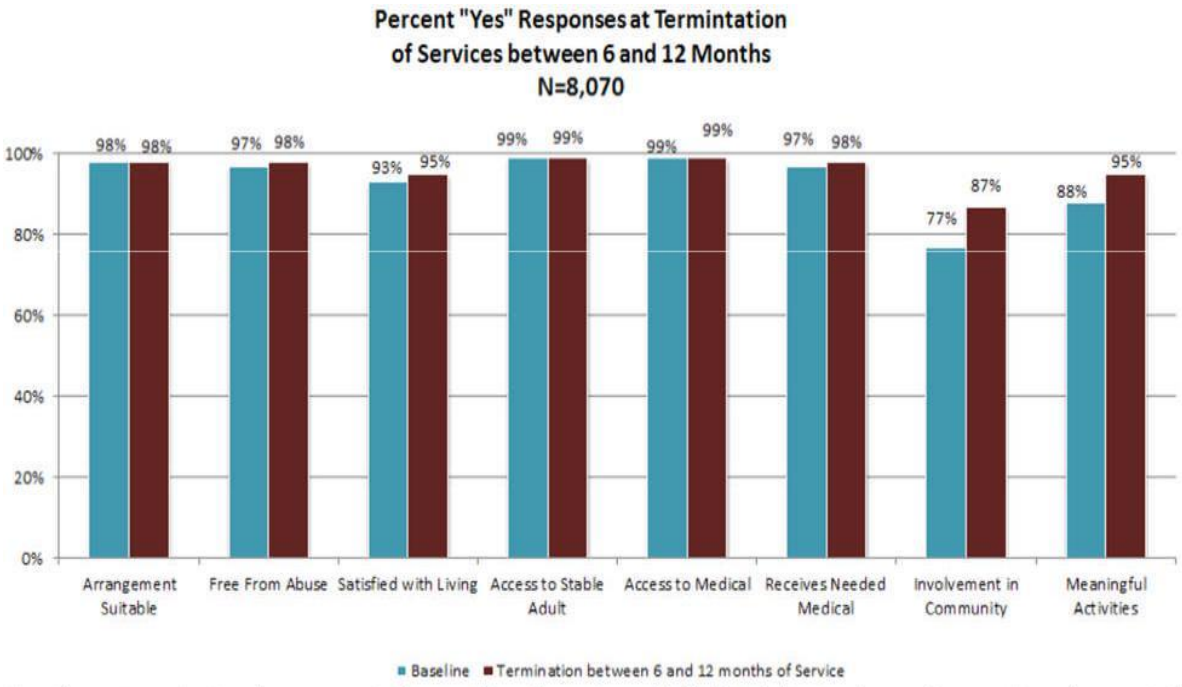
Program/ Project/ Activity	Number of Consumers Served by Ethnicity and Gender								
	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
C-FCCS	1,913	3,513	17,117	541	88		15,021	10,897	6
	Other Ethnicities:								
	Pacific Islander (30)			Unknown / Other (2,722)					
	Language of Staff:								
	Afrikaans			English			Korean		
	American Sign			Ethiopian			Mandarin		
	Arabic			Farsi			Samoan		
	Armenia			French			Singhalese		
	Bengali			Hebrew			Spanish		
	Cambodian			Hindi			Swatowese		
	Cantonese			Italian					
	Chinese			Japanese					
IFCC	46	201	263	4	5		258	271	
	Other Ethnicities:								
	Pacific Islander (5)			Unknown (26)					
	Language of Staff:								
	Armenian			English			Spanish		
	Chinese			Mandarin			Other Unknown		

Outcomes*



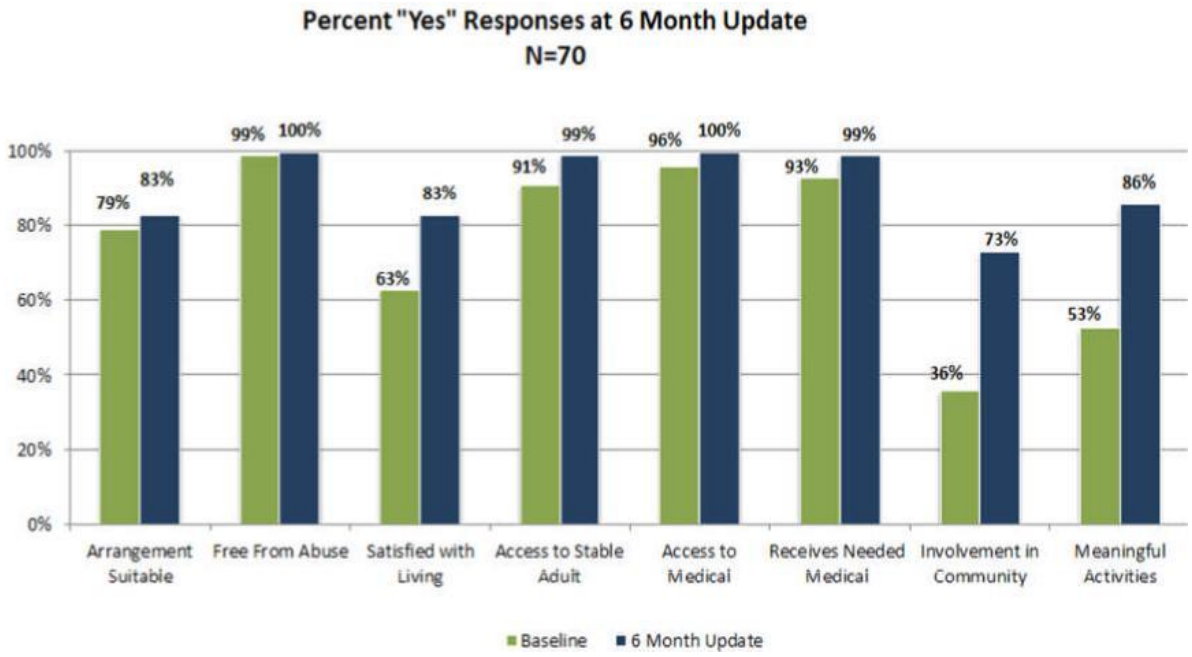
After 12 months of child FCCS services, consumers showed a positive change in the following areas:

- 14% increase with their involvement in the community
- 7% increase in their participation in meaningful activities



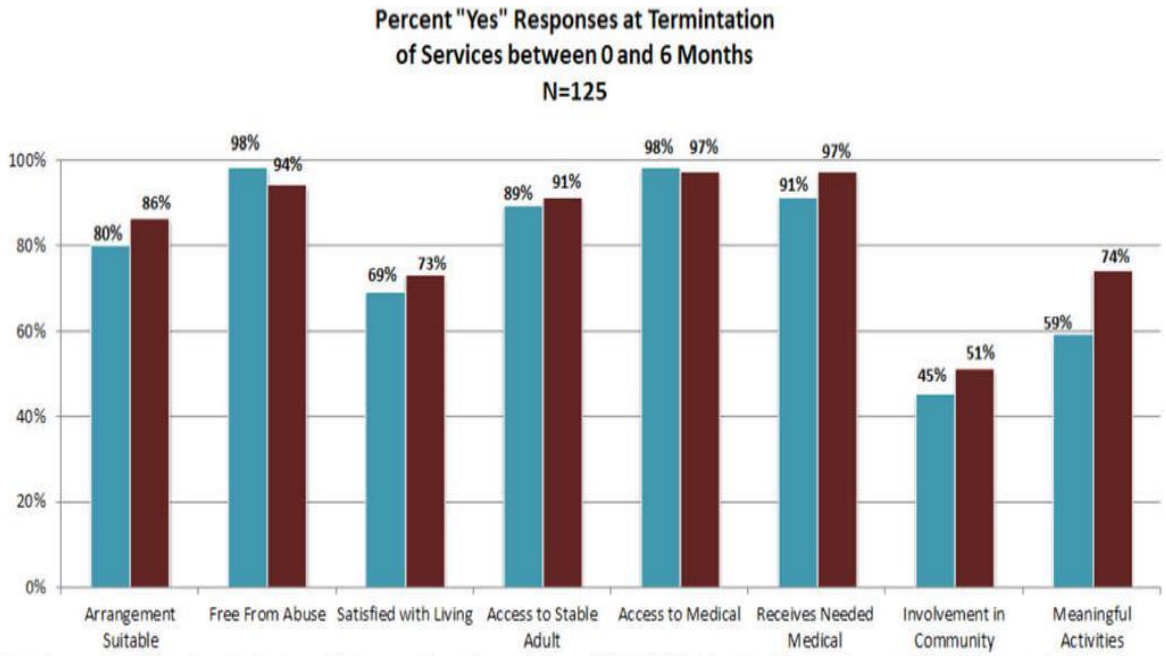
For those terminating between 6-12 months of services, child FCCS consumers showed a positive change in the following areas:

- 13% increase with their involvement in the community
- 8% increase in their participation in meaningful activities



After 6 months of IFCCS services, consumers showed a positive change in the following areas:

- 103% increase with their involvement in the community
- 62% increase in their participation in meaningful activities



For those terminating between 0-6 months of services, child FCCS clients showed a positive change in the following areas:

- 13% increase with their involvement in the community
- 25% increase in their participation in meaningful activities

*Outcomes as of 11/21/16. Source: MHSA Three Year Program & Expenditure Plan, FY 17-18 through FY 19-20

Child FSP

The Child FSP program is comprised of resiliency-focused services created in collaboration with family/caregivers and a multidisciplinary team that develops and implements an individualized plan. Child FSP program delivers intensive mental health services to children ages 0-15, who are experiencing significant emotional, psychological, and behavioral difficulties. Focal populations include children ages 0-5 with a serious emotional disturbance, and children with a mental illness involved with Department of Children and Family Services (DCFS), special education programs, or the probation system.

The C-FSP is a unique intensive in-home mental health service program that assists children and their families accomplish goals of wellbeing, resiliency, safety, and stability. Services may include, but are not limited, to individual and family counseling, 24/7 assessment/crisis services, supportive services, substance use, and domestic violence counseling and assistance.

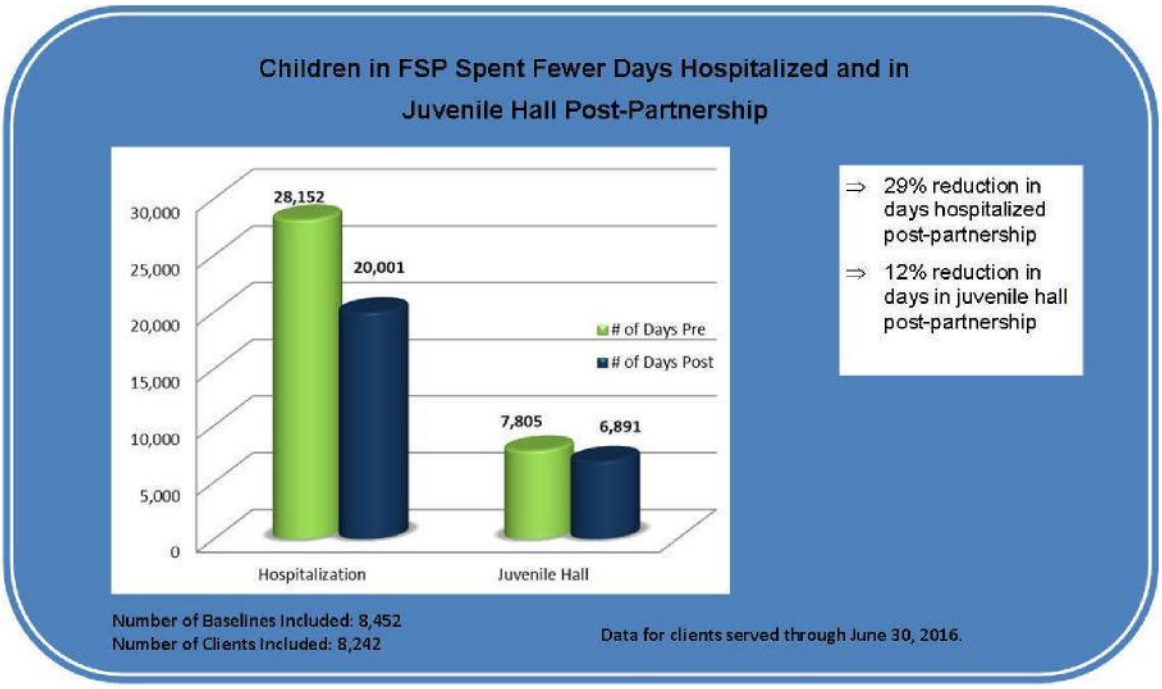
C-FSP key components:

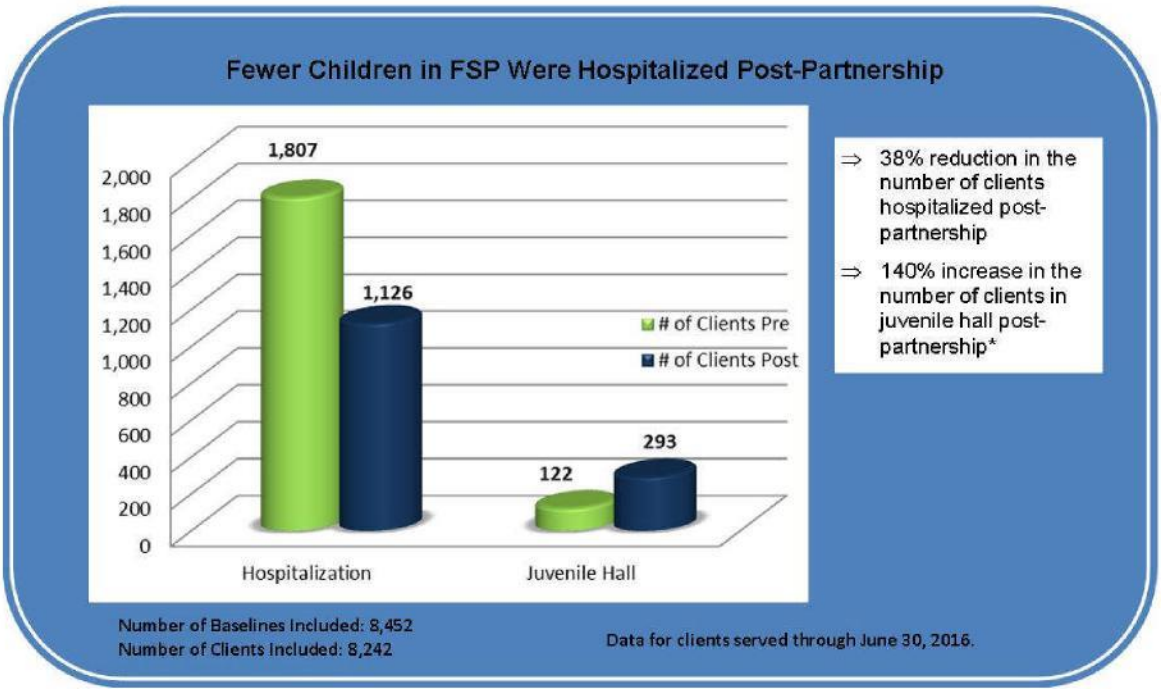
- O&E to consumers who are "difficult to engage" or transitioning from structured community settings (i.e. Probation Camp or Group Home)
- 24/7 crisis services
- Services that are appropriate to the cultural and linguistic needs of the child and family
- Multi-disciplinary teams of professionals and paraprofessionals who have received specialized training to work effectively with children and their families

Consumers served for FY 16-17 by C-FSP

Program/ Project/ Activity	Number of Consumers Served by Ethnicity and Gender								
	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
C-FSP	183	412	1,393	103	10		1,234	949	1
	Other Ethnicities:								
	Unknown / Multi-Ethnicity (83)								
	Language of Staff:								
	Armenian			Chinese			Mandarin		
	Cambodian			English			Spanish		
	Cantonese			Korean			Vietnamese		

Outcomes*





*Outcome data for FY 15-16. Source: MHSA Three Year Program & Expenditure Plan, FY 17-18 through FY 19-20

CSOC (C-FCCS, C-FSP, IFCCS)		
Projects/Activities/Strategies	**Status/Progress**	**Monitoring/Outcomes/Findings**
1. Outreach and Engagement	C-FSP and IFCCS provide outreach and engagement services, to potential FSP and IFCCS consumers prior to enrollment. Outreach and engagement services are used to build relationships between FSP/IFCCS programs and potential consumers and to outreach to consumers who are "difficult to engage," or who are residing in structured community settings at the time of referral.	On average, prior to enrollment, C-FSP consumers receive minimally a month of outreach and engagement. On average, prior to enrollment, IFCCS consumers receive approximately two weeks of outreach and engagement. Rapid enrollment is prioritized due to the transient and high risk nature of the majority of the consumers.
2. School-based services	C-FCCS and C-FSP providers have historically forged strong collaborations with schools, and thus, many services are provided on their grounds. Both C-FCCS and C-FSP continue services when school is out, to ensure continuity of care for students.	C-FCCS provided 16% of services at school C-FSP provided 15% of services at school
3. Field-based services	Child field-based services programs (C-FSP, IFCCS and C-FCCS) provide consumers and their families access to services in the location that is most convenient for them.	Program administration monitors the field-based programs on an ongoing basis. For the last several years, the percentage of field-based services has far exceeded the expectations: C-FSP – has a 65% field-based expectation, but during FY 16-17, 75% of services were provided in the field IFCCS – has a 75% field-based expectation, but during FY 16-17, 80% of services were provided in the field C-FCCS – has a 35% field-based expectation, but during FY 16-17, 68% of services were provided in the field
4. Designating and tracking ethnic targets for Full Service Partnerships (FSP)	Prior to the implementation of FSP, the Stakeholders Process established target populations. The target populations for C-FSP include: African American, Asian/Pacific Islander (API), Caucasian and Latino. Program administration tracks ethnic targets monthly.	During FY 16-17, FSP served children and families from the following ethnic backgrounds: African American, Caucasian, Latino, API and American Indian.

CSOC (C-FCCS, C-FSP, IFCCS)		
Projects/Activities/Strategies	**Status/Progress**	**Monitoring/Outcomes/Findings**
5. Flexibility in FSP enrollment for consumers living with family to qualify as "at-risk for homelessness"	Consumers of all ages, ethnicities, cultures and conditions who meet MHSA C-FSP focal population criteria are eligible to receive Community Services and Supports (CSS) funds. C-FSP consumers can access CSS Flex Funding under special circumstances and as a last resort. CSS funds must be tied to the consumer's treatment and goals.	During FY 16-17, C-FSP utilized a total of $207,670 (48%) of CSS/Flex funds for housing support for families. These funds prevented families from eviction and homelessness.
6. Interagency Collaboration	Los Angeles County Department of Mental Health (LACDMH), Department of Children and Family Services (DCFS), and Department of Health Services (DHS) continue collaborating closely to assist children/youth involved with DCFS who were residing at the Temporary Shelter Care sites. These children/youth had a history of multiple placement disruptions and were difficult to place due to their mental health needs. The three County Departments hold daily telephonic rounds in which cases are identified and discussed. The discussion addresses the child/youth's placement challenges, physical health, and mental health needs.	This collaboration has contributed to a large amount of children/youth being linked with IFCCS. When children/youth are connected to an IFCCS team, there is more support to stabilize the "placement." If the placement is disrupted, the same IFCCS team follows the child/youth to ensure continuity of treatment. Additionally, Child and Family Team (CFT) meetings provide formal and informal supports. During FY 16-17, program administration began conducting Child Intensive Services Reviews (CISR) for IFCCS enrolled consumers. During these reviews, the interagency collaboration was evaluated. CISRs evaluated the level of collaboration with DCFS, DHS, schools, and the Probation Department.
7. Trainings/Case Consultation	Program administration ensures that cultural aspects are incorporated into all trainings. C-FSP, C-FCCS, and IFCCS trainings aim to increase cultural competency and cultural humility for staff to better engage and work with consumers and their families.	The trainings offered in FY 16-17, continued to focus on cultural sensitivity/awareness and staff development. During the previous years, C-FSP and C-FCCS staff requested trainings that focused on the 0-5 population, co-occurring disorders, and developmental disorders. These topics were also incorporated in the trainings offered to C-FSP staff.
8. Provider Communication and Support	Program administration maintained ongoing communication with providers through bi-annual roundtable meetings for each program (C-FSP, C-FCCS, and IFCCS). Furthermore, FSP program administration attended all of the monthly	Program administration maintained a log for all roundtable meetings and technical support provided.

CSOC (C-FCCS, C-FSP, IFCCS)		
Projects/Activities/Strategies	**Status/Progress**	**Monitoring/Outcomes/Findings**
	Impact meetings throughout the County. These meetings discussed C-FSP and C-FCCS concerns, cases, and new policies. C-FSP was provided with technical site visits which included trainings for new staff on the program core values and procedures. IFCCS Administration facilitated "Meet and Greet" sessions with each provider to discuss the program expectations and how to utilize the LACDMH Clinical Leads. Each Clinical Lead monitored 5-6 providers and provided ongoing technical support to assist with program implementation.	
9. Increasing mental health access ability to underserved populations	C-FSP and IFCCS outreach & engagement services allow FSP/IFCCS programs to outreach to "difficult to engage" and consumers from underserved populations. C-FCCS co-location of services allow for services to be accessed by consumers from underserved populations.	During FY 16-17, C-FSP, IFCCS and C-FCCS provided services to families from a variety of ethnic backgrounds. The children and families were from the following ethnic backgrounds: African American, Caucasian, Latino, API and American Indian. During FY 16-17, C-FSP, C-FCCS, and IFCCS exceeded the expectations of field-based percentages (see above # 3).
10. Implementation of new Departmental policies and procedures that improve the quality and timeliness of mental health services	Program administration has facilitated trainings for Intensive Care Coordination (ICC) Services, In Home Behavioral Health Services (IHBS), and Child and Family Team (CFT) meetings for FSP and IFCCS providers.	During this FY 16-17, FSP and IFCCS began improving care coordination for children in treatment who are also in the child welfare system. Trainings for ICC, IHBS, and CFTs ensure access to these services within MHSA programs.

Older Adult (OA) System of Care

OA FCCS

The OA FCCS program offers an array of field-based and engagement-focused mental health services to OA (ages 60 years and above) and transitional age OA (ages 55 to 59) who have a mental illness contributing to functional impairment and/or placing them at risk of losing or not attaining a life goal (e.g., safe and stable living arrangement, independence and services). OA FCCS Services include outreach and engagement, bio-psychosocial assessment, individual and family treatment, medication support, linkage and case management support, treatment for COD, peer counseling, and family education and support. The OA FCCS program directly responds to and addresses the needs of unserved/underserved

OA by providing screening, assessment, linkage, medication support, and geropsychiatric consultation.

OA FCCS offers an alternative to traditional mental health services for OA who may be unable to access services due to impaired mobility, geographic limitations, or stigma associated with receiving services in a traditional mental health clinic. It provides specialty mental health services designed to meet the unique bio-psycho-social needs of OA ages 60 and above and for some in the transitional age of 55-59. FCCS are provided in settings that are often preferred by OA, such as their home, senior housing complexes, senior centers, or primary care settings by a multi-disciplinary team of clinicians, para-professionals, and volunteers. Brochures are available in Spanish, Arabic, Armenian, Chinese, Farsi, Korean, Russian, Tagalog, and Vietnamese.

Consumers served for FY 16-17 by OA FCCS

Program/ Project/ Activity	Number of Consumers Served by Ethnicity and Gender								
	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
OA FCCS	1,022	537	898	465	25		1,096	2,082	4
	Other Ethnicities:								
	Other (83)			Unknown (152)					
	Language of Staff:								
	Arabic			German			Punjabi		
	Armenian			Gujarati			Romanian		
	Armenian Farsi			Hebrew			Russian		
	Bengali			Hindi			Samoan		
	Cambodian (Khmer)			Ibo/Igbo			Spanish		
	Cantonese			Ilocano			Tagalog		
	Chinese			Japanese			Telugu		
	English			Kannada			Toishanese		
	Fante			Korean			Urdu		
	Farsi			Malayalam			Vietnamese		
	Filipino			Mandarin			Yoruba		

OA FCCS contributes to LACDMH's provision of culturally and linguistically competent services by utilizing OA Bureau staff to implement and monitor the delivery of services both administratively as well as within Directly Operated and Contracted programs. Additionally, a strong effort is made to broaden the scope of services provided to meet the consumers' needs, whether geographic, cultural, or special circumstances. For example, telepsychiatry is assisting OA to receive needed medication support in their homes regardless of where they live and takes into account any disability or difficulty coming into a clinic. The mental health providers who are co-located in the housing sites of the HACoLA Project aim to provide a linguistic and cultural match to the best of their ability. This includes providing outreach services in the preferred language of the residents, honoring

cultural events such as Dia de los Muertos, and bringing in food/snacks that are familiar to them.

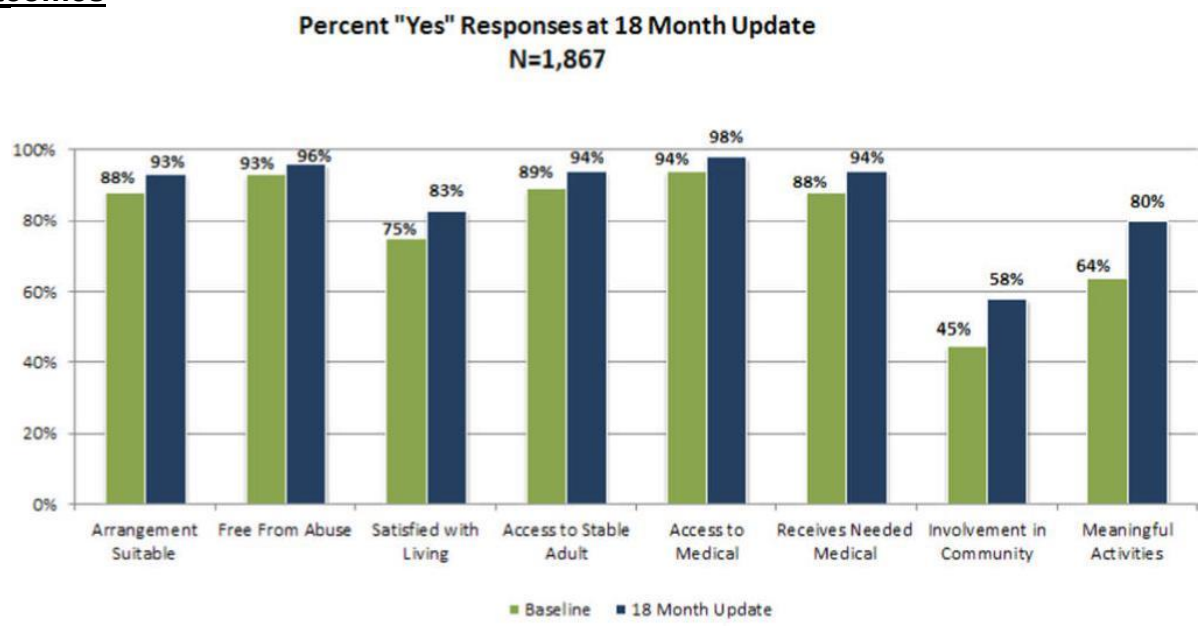
Furthermore, cultural competence training and consultation inform and educate staff on the existence of disparities, how to recognize bias within oneself, and approaches to address barriers and increase access. Self-awareness is also critical when working with the diverse OA population with mental illness.

OA FCCS		
Projects/Activities/Strategies	**Status/Progress**	**Monitoring/Outcomes/Findings**
1. FCCS Annual Consumer Satisfaction Survey	For FY 16-17, the survey was designed to include FSP and FCCS consumers.	For FCCS respondents: ● 96.9 % of all who responded to the survey reported that they "agreed" or "strongly agreed" with the statement "I liked the services I received." ● 66.7% of all who responded to the survey reported feeling either "very hopeful" or "somewhat hopeful" about their lives. ● 90.4% reported that they "agreed" or "strongly agreed" that the FCCS team was willing to see them as often as was necessary. ● 76.7% reported having one or more supportive relationships in their lives. ● 92.7% reported having an individualized plan in the event of a crisis and have the need for immediate assistance. ● 83% reported the need to be seen by their primary care physician or specialist for treatment of a health condition. Out of those, while 39.5% reported being linked to medical services by the team, 85.7% of them reported that they received the medical care that they needed. ● The proportion of "high" to "low" satisfaction with their current living situation among 71+ year-olds was significantly higher than among 61-65 year olds and 55-60 year olds. ● Of six possible choices of services that were most helpful to respondents, "therapy appointments" was the most highly endorsed choice, with 72.1% of respondents endorsing it and comprising 33% of all responses to that question. ● The highest reported service among six choices of services that "could have been done better by the team" was providing "additional funds" to consumers, with 35.3% of respondents endorsing it and comprising 24.4% of all responses to that question.

OA FCCS		
Projects/Activities/Strategies	**Status/Progress**	**Monitoring/Outcomes/Findings**
2. OA Service Area Provider Contact Listing	This listing of LACDMH OA providers, which includes language capacity, is updated on a quarterly basis to reflect current staffing and language capacity at all LACDMH OA provider sites countywide.	This listing is distributed to providers and the public as needed and upon request, and is also available on the LACDMH Intranet.
3. OA FCCS Telepsychiatry Project	OASOC continued in FY 16-17 to provide field-based telepsychiatry services via computers and skyping to OAs in their home and/or community agencies. These services were expanded to Directly-Operated clinics in Service Areas (SAs) 3, 4, 6, 7 & 8 through their OA FCCS programs to augment those already piloted in SAs 1, 2 and 5 in FY 15-16. The services include assessment, treatment, case management and medication management.	Throughout FY 16-17, there was a total of 67 consumers seen through telepsychiatry in the recently added Directly-Operated clinics: Arcadia Mental Health Center; Northeast Mental Health Center, Augustus F. Hawkins Family Mental Health Center, San Pedro Mental Health Center, Rio Hondo Mental Health Center and Long Beach Mental Health Center.
4. Older Adult Justice-Involved Consultation Committee	This project focuses on OA with mental illness who are at risk of incarceration and/or released from jail. The consultation team meets monthly and includes combined experts in Geriatric Medicine, Gero-Psychiatry, Case Management/Community Resources, Substance Use, Housing Resources, Psychological Screening/Testing, Treatment Planning/Engagement, Public Guardian and access to Legal Services. Providers present difficult cases and receive feedback and recommendations from the Committee.	There were 11 cases reviewed in FY 16-17. As a result of these consultations, consumers were linked to medical services, medications were re-evaluated to decrease symptomology, and consumers were linked to substance abuse programs and benefits establishment.
5. Homeless and Housing Advocacy For Seniors Committee (HHAS)	This Committee meets monthly with representatives from the Housing Authority of the City of Los Angeles (HACLA), Housing Authority of the County of Los Angeles (HACoLA), OASOC, Countywide Housing, Employment, and Education Resource Development (CHEERD), Legal Entity providers, and representatives	This Committee educates providers and OASOC staff on barriers for OA homeless persons with mental health issues and how to address these to increase access to medical and mental health care.

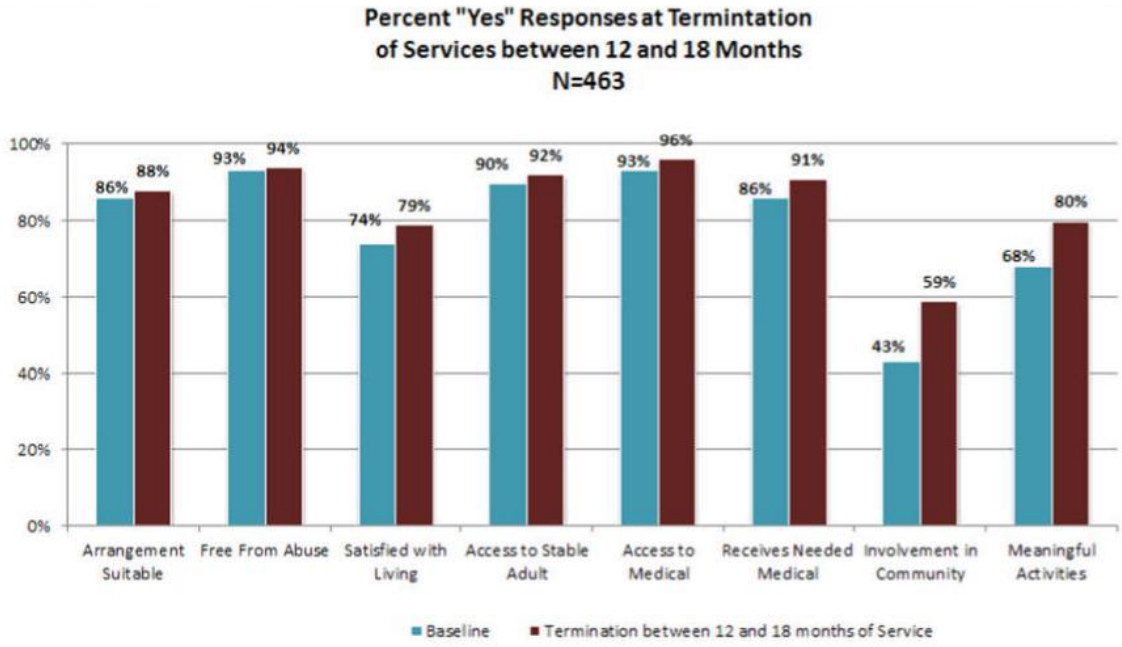
OA FCCS		
Projects/Activities/Strategies	**Status/Progress**	**Monitoring/Outcomes/Findings**
	from various housing groups in Los Angeles. The group shares current information regarding resources for the OA homeless population.	
6. HACoLA Co-location Project	OASOC has developed and implemented a partnership with HACoLA to address the mental health needs of OA identified by HACoLA in piloted Senior Public Housing sites. An Operational Agreement between HACoLA and OASOC Bureau has been created, and currently there are five co-locations with OA providers within HACoLA sites.	OASOC has established monthly phone consultation meetings with HACoLA that serve both as a regular communication tool for staff to be apprised of residents in need as well as to address concerns and provide linkages to prevent evictions. In addition to consultation calls, OASOC has provided trainings to HACoLA staff to educate staff on mental illness and suicide prevention and in identifying OA who may need to be referred for mental health services. All efforts are made to identify and utilize staff who are culturally and linguistically a match for the OA residents.
7. Collaboration between Adult Protective Services (APS) and Genesis	Ongoing	This is an ongoing project to quickly link victims of abuse or neglect identified by APS for the Genesis FCCS program.
8. Healing Arts	Clinicians from the Genesis OA FCCS program were trained in a therapeutic Healing Arts curriculum by the UCLA Arts & Healing Initiative that addressed incorporating creative arts such as art expression, music and writing into the therapeutic context as tools for building rapport with homebound and/or isolated OA with mental illness from diverse backgrounds.	Genesis OA FCCS staff were trained on the Healing Arts curriculum, and the trainings were followed by consultation from UCLA to help the staff address any challenges as they began to implement these techniques. This project was implemented April 2017 and staff began to incorporate the Healing Arts into their therapeutic interventions as they provided a full array of mental health services.
9. QPR Training of Trainer	Staff and community members from SAs 1, 2, 5, 6, and 7 were trained as trainers in the "Question, Persuade, Refer (QPR)" gatekeeper model of suicide prevention which recognizes that gatekeepers are often strategically positioned to recognize and refer someone at risk of suicide.	Through this effort, approximately 150 staff and community members countywide were trained. This included Amharic, Chinese, Korean, and Spanish speaking individuals who are interested in providing these trainings to their communities.

Outcomes*



After 18 months of Older Adult FCCS services, consumers showed a positive change in the following areas:

- 29% increase with their involvement in the community
- 25% increase in their participation in meaningful activities



For those terminating between 12-18 months of services, Older Adult FCCS consumers showed a positive change in the following areas:

- 37% increase with their involvement in the community
- 18% increase in their participation in meaningful activities

*Outcomes as of 11/21/16. Source: MHSA Three Year Program & Expenditure Plan, FY 17-18 through FY 19-2

Older Adult (OA) FSP

The OA FSP program provides services and support to adults ages 60 and older, who have mental health and substance use issues, and links them to other needed services such as benefits establishment, housing, transportation, healthcare and nutrition care. The OA FSP program works collaboratively with the OA consumer, family members, caretakers, and other service providers, and offers in-home and community-based services. The OA FSP program places an emphasis on delivering services in ways that are culturally and linguistically appropriate. Focal populations include individuals with a serious mental illness and/or a co-occurring disorder who are experiencing homelessness, at risk for homelessness, transitioning out of the criminal justice system, at risk for incarceration, at-risk for placement in a Skilled Nursing Facility (SNF) or nursing home, being released from an SNF/nursing home, at serious risk for suicide, isolated, and/or at risk for abuse or self-neglect.

OA FSP provides comprehensive and intensive mental health services for OA age 60+ who have been diagnosed with a mental illness and who are from identified focal populations that typically have not responded well to traditional outpatient mental health and psychiatric rehabilitation services, or may have avoided utilization of these services while incurring high costs related to acute hospitalization or long term care. These individuals and their families often have co-existing difficulties, such as substance use, homelessness, and involvement with the judicial systems. FSP services provided to OA consumers and their families are based on their individual needs and goals, and can provide an array of services beyond the scope of traditional outpatient services. OA FSP brochures are available in English and in the following nine languages:

- Arabic
- Armenian
- Chinese
- Farsi
- Korean
- Russian
- Spanish
- Tagalog
- Vietnamese

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Consumers served for FY 16-17 by OA FSP

Program/ Project/ Activity	Number of Consumers Served by Ethnicity and Gender								
	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
OA FSP	526	327	241	71	9		551	740	
	Other Ethnicities:								
	Other (80)			Unknown / Not Reported (106)					
	Language of Staff:								
	Arabic			Gujarati			Russian		
	Armenian			Hebrew			Samoan		
	Armenian Farsi			Hindi			Spanish		
	Bengali			Ibo/Igbo			Tagalog		
	Cambodian (Khmer)			Ilocano			Telugu		
	Cantonese			Japanese			Thai		
	Chinese			Kannada			Toishanese		
	English			Korean			Urdu		
	Fante			Malayalam			Vietnamese		
	Farsi			Mandarin			Yoruba		
	Filipino			Punjabi					
	German			Romanian					

The OA FSP projects and activities contribute to LACDMH's provision of culturally and linguistically competent services. Each of the projects addressed utilize OASOC Bureau staff to implement and monitor the delivery of culturally and linguistically competent services both administratively as well as within Directly Operated and Contracted programs. The OA FSP Impact team, which is an administrative team, has made a concerted effort to enable more participation in the Impact meetings by using teleconference. Teleconferencing allows for more clinical presentations to be included among a larger provider network. This provides a venue for culture to be integrated into the discussion of each consumer. Additionally, FSP Impact staff outreached to the Public Guardian and now a representative participates in the bi-monthly Impact meetings. The presence and input of the Public Guardian has helped immeasurably in making appropriate linkages for OA consumers who often have very complicated needs and little resources.

OA FSP		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
1. Housing Authority of the County of Los Angeles (HACoLA) and Los Angeles County Department of Mental Health (LACDMH) Teleconference Calls	Older Adult Systems of Care (OASOC) has established a partnership with HACoLA. These teleconference meetings are comprised of HACoLA representatives and LACDMH OASOC Program Head, FSP Impact Coordinators, Clinical	Tenants have been linked to mental health and/or health services that previously were not linked. OASOC connected tenants with hoarding problems to mental health providers to assist in retaining their housing. Services are delivered in the tenants' preferred language.

OA FSP		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
	Supervisor, Program Head of GENESIS. Meetings are conducted monthly, via phone, to review challenging cases and assist in linking tenants with untreated mental illness to appropriate services as well as establish partnerships of OA providers within specific HACoLA buildings.	
2. Attend Monthly meetings at MHSA Housing buildings	There are four MHSA apartment buildings which house many OA residents, who are FSP consumers: NoHo Senior Villas, Parkview on the Park, Willis Apartments and Winnetka. These buildings have a primary mental health services provider assigned to them. Once a month with each building, there are meetings that the building staff hosts and providers along with LACDMH staff attend to troubleshoot and assist with any consumer concerns as well as linking other tenants to mental health and/or health services if there is a need.	Through these collaborations, tenants who had not been linked to mental health and/or health services are now connected to services. Tenants also are linked to additional services that would benefit their wellbeing such as social groups and other community groups that the building provides to reduce isolation and encourage social skills that will aid them with meaningful relationships. Tenants learn how to negotiate the challenges of living in an apartment building with other tenants with different cultural backgrounds. Services and communication to these tenants are provided in their preferred language as best as possible.
3. SB 82 meetings	The SB 82 program is a Mobile Triage team. Each SA has a dedicated team that conducts community outreach to individuals that are homeless with mental illness and linking them to the appropriate level of care. OASOC FSP Impact Coordinators attend the SB 82 team meetings in each Service Area on a monthly basis. New and current OA FSP referrals are discussed.	The FSP Impact Coordinators assist the SB 82 teams with linking consumers to OA FSP providers, addressing barriers, and problem-solving to ensure access to services. These members are linked to housing and ensure their immediate needs are met as well as ongoing concerns. Services and communication are rendered in their preferred language.
4. OA FSP Utilization Review	The OASOC Bureau conducted utilization reviews on OA that participated in the OA FSP program for 24 months or longer. These reviews were conducted with a multidisciplinary team either by conference call or in a face to face meeting. These reviews are done to improve clinical care as well as to promote flow throughout the mental health system.	Approximately 66 active cases were reviewed during FY 16-17. This forum provided an opportunity for clinicians to review their consumers' cases and consult with other clinicians and other professionals such as the Public Guardian and case workers, to improve direction of treatment. Cultural and linguistic considerations were part of the case review. Clinicians commented that the case review process was helpful and assisted in the process of determining current needs and level of care.

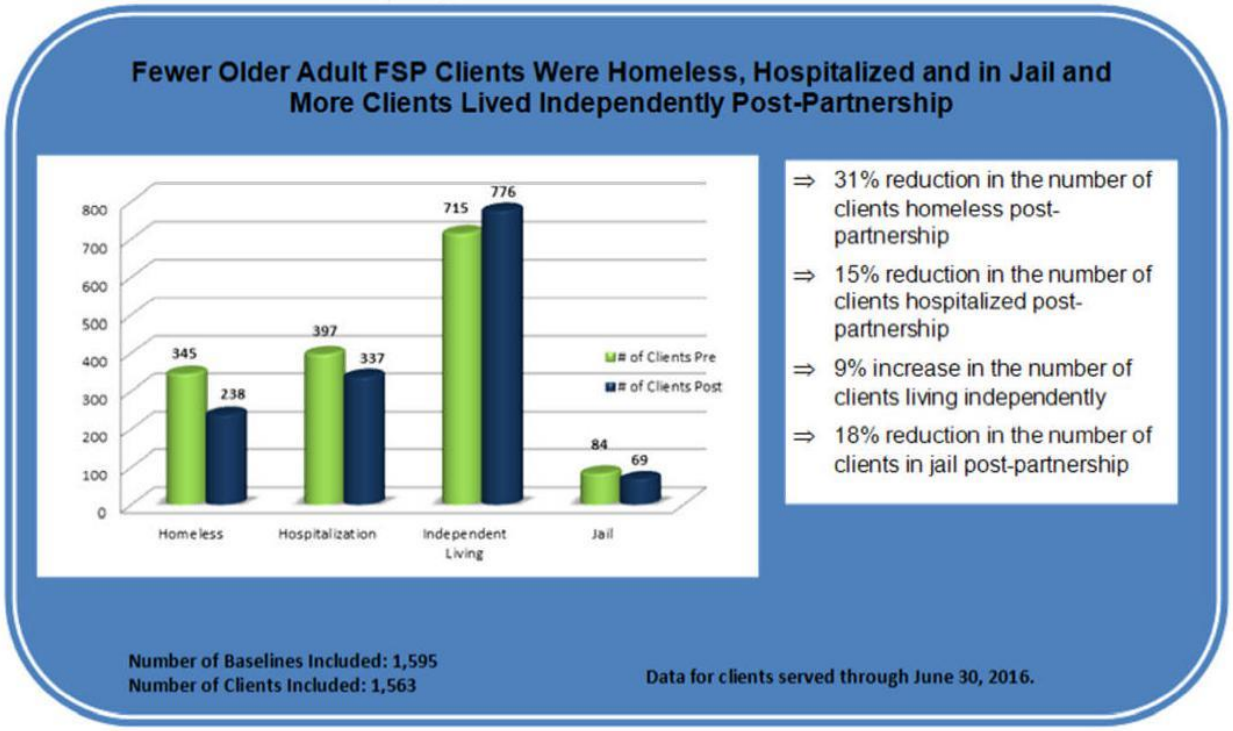
OA FSP		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
5. FSP Annual Consumer Satisfaction Survey	This survey was distributed in October 2017 and was translated into Spanish, Chinese, and Farsi.	Highlights of FY 16-17 OA FSP Survey include the following: ● 95.7% of all who responded to the survey reported that they "agreed" or "strongly agreed" with the statement "I liked the services I received." ● 72.8% of all who responded to the survey reported feeling either "very hopeful" or "somewhat hopeful" about their lives. ● 94.7% reported that they "agreed" or "strongly agreed" that the FSP team was willing to see them as often as was necessary. ● 67.7% reported having one or more supportive relationships in their lives. ● 94.1% reported that a team member was reachable in the event they had a crisis and were in need of immediate assistance.
6. OA Service Area Provider Contact Listing	This listing of OA FSP Providers including their language capacity is updated with each site visit and as needed to reflect current staffing and language capacity at each of our OA provider sites countywide.	OASOC distributes this information to providers and the public as needed and upon request, and is also available on the LACDMH Intranet.
7. Teleconference Technology for FSP Impact Meetings	OASOC hosts an FSP Impact meeting twice a month, which provides a forum where 1) providers can bring challenging cases for recommendations and 2) review cases opened in FSP 24 months or longer to identify consumers who can be transferred to a less intense program to promote flow. The group consists of OASOC FSP Impact coordinators, liaisons, OASOC Clinical Supervisor, other FSP Providers and the Public Guardian. During these meetings, new referrals are presented to Impact Coordinators for review to ensure the referrals meet criteria for FSP, and provide recommendations for ancillary services if needed. OASOC has the capability for Providers to join these meetings via phone conference if they are unable to physically be present.	Providers report how appreciative they are to join this meeting via phone as this allows them to be in the field and still participate. Conference calling options makes them more productive and available to address consumers' needs. Collaborations include reviewing consumers' treatment plans and ensuring they are culturally sensitive to their needs. On occasion, a few consumers were transferred to other rendering providers that could better provide for their cultural needs.

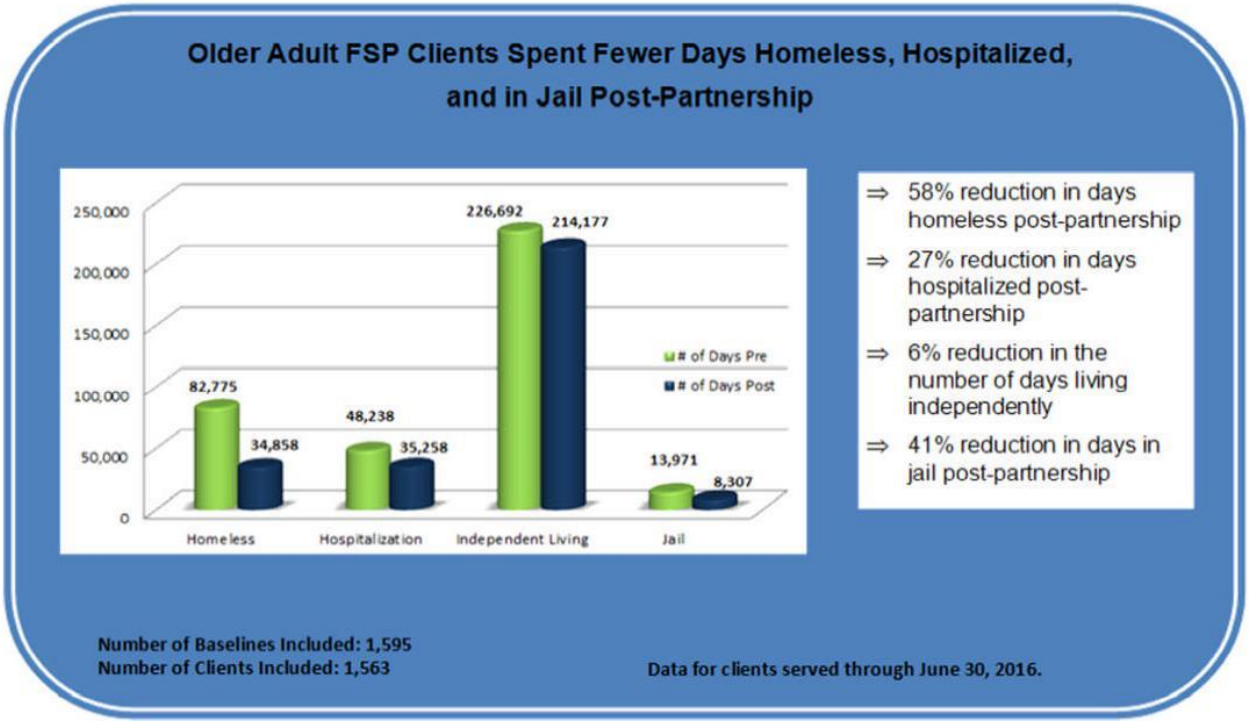
OA FSP		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
8. OA Justice-Involved Consultation Committee	This project focuses on OA with mental illnesses that are at risk of incarceration and/or released from jail. The consultation team meets every other month and includes experts in Forensic Psychiatrist and Geriatric Medicine, Gero-Psychiatry, Case Management/ Community Resources, Substance Use, Housing Resources, Psychological Screening/Testing, Treatment Planning/Engagement, Public Guardian and access to Legal Services. Providers present difficult cases and receive feedback and recommendations from the Committee.	This collaboration has assisted Providers to receive additional guidance and resources to serve this underrepresented population. The recommendations assist with developing treatment plans to provide consumers with additional resources that ensure safety and promote wellness. Providers report they have been more effective in helping their consumers navigate the different systems that historically have been challenging for this population such as ancillary services and housing.
9. Homeless and Housing Advocacy	This Committee meets monthly with representatives from the HACLA, HACoLA, OASOC, CHEERD, Legal Entity providers, and presenters from various housing groups in Los Angeles. The group shares current information regarding resources for the OA homeless population.	This Committee educates Providers and OASOC staff on barriers for OA homeless with mental health concerns and how to address these to create increased access to medical and mental health care.

The majority of OA Justice-Involved consumers are referred to FSP providers. Consultation teams, as well as multiple trainings that educate clinicians on the consumer's unique needs and resources, help provide the consumer with a more positive and effective transition to the community.

Furthermore, training and consultation opportunities inform staff regarding mental health disparities, how to recognize implicit bias, and how to increase access to mental health services. In particular, the OA Justice-Involved project helped to curb judgments staff may bring when working with this often hard-to-engage population. Engagement is also a key issue when working with OA who are chronically homeless, which makes up the majority of OA FSP referrals.

Outcomes*





*Outcome data for FY 15-16. Source: MHSA Three Year Program & Expenditure Plan, FY 17-18 through FY 19-20

Service Extenders

Service extenders include peers in recovery, family members, and other individuals interested in providing services to OA as part of the multi-disciplinary FCCS team. Forty individuals are targeted for providing these services.

Service Extenders may be peers who are recovering from a mental illness, family members who have experience with an OA loved one with a mental illness, or other qualified individuals wishing to provide services as part of an interdisciplinary team. Service Extenders receive supervision from professional clinical staff. Service Extenders are interested in and committed to providing highly sensitive and culturally appropriate supportive services to OA.

The projects and activities of Service Extenders contribute to LACDMH's provision of culturally and linguistically competent services. The OASOC team regularly outreaches to OA Providers to match Service Extenders to specific OA programs taking into account their cultural needs. During FY 16-17, the OASOC had 28 Service Extenders representing multiple ethnic backgrounds, cultural groups, and language capabilities, including an Armenian-speaking Service Extender for a program site in SA 2 to address the needs of Armenian-speaking consumers.

In addition, having Service Extenders who speak the consumers' languages and who are culturally competent and sensitive to their needs facilitates the establishment of rapport, connection, and trust. This in turn enhances access, encourages consumers to remain in the services they need, and feel supported. The majority of Service Extenders are consumers, and their personal journeys inspire other consumers. They also provide assistance in navigating the mental health system. Service Extenders are a diverse group which includes: Latino, African American, Armenian, Russian, Albanian, Vietnamese, Chinese, and Filipino cultures. Additionally, the LGBTQ, American Sign Language (ASL), and OA communities are represented in the Service Extenders group.

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OA SERVICE EXTENDERS		
Projects/Activities/Strategies	**Status/Progress**	**Monitoring/Outcomes/Findings**
1. Service Extender Training Academy, June 26-27, 2017	Out of twenty-five individuals registered for the two-day June training, twenty-three completed the training. The curriculum included an overview of the Programs, Field Safety, Boundaries, Invoice/ Accounting and QPR.	The OASOC Bureau interfaced with Directly Operated and Contracted agencies to coordinate interviews for volunteers to serve as Service Extenders. Barriers that precluded placement were due to specific language needs requested by the agencies and volunteer limitations related to schedule and placement location. Additionally, volunteers were also connected to SB82 teams throughout the County for potential stipend opportunities. Lastly, volunteers were sent exam announcements for LACDMH Mental Health Advocate and Community Worker employment opportunities.
2. Continual outreach by the OASOC team to identify and place Service Extenders in OA providers' programs or in full-time employed positions.	During FY 16-17, OASOC team continued to support existing Service Extenders placed with providers as well as identify programs that could benefit from the services of a Service Extender.	A Korean-speaking Service Extender was interviewed and employed by an OA Contracted Provider in SA4. This Service Extender provides culturally appropriate services including field-based services to monolingual Korean consumers.
3. Quarterly Service Extender meetings	Discussions of cultural competency are an important part of the quarterly meetings, where colleagues share their experiences in working with consumers of diverse cultural backgrounds. They receive feedback from each other as well as the OASOC facilitator. Topics for FY 16-17 included: • Peer-Run Services and Supports and how to access services • Working on SB-82 Teams • Cultural Considerations in Professionalism and Boundaries • Interacting with consumers of diverse cultural backgrounds	The quarterly meeting is well-attended and popular among the Service Extenders. The meeting agenda continues to address areas of diversity as well as strengthen supportive service skills in working with OA consumers. The meeting dates included: • 9/12/16 • 12/12/16 • 3/13/16 • 6/26/17 and 6/27/17
4. Distribution to Service Extenders of Community Training opportunities	Service Extenders are informed upon manager's receipt of notice of any relevant training opportunity to enhance their knowledge and capacity to promote health, wellbeing, and access to unserved, underserved and inappropriately served populations.	Service Extenders have been invited to participate in opportunities such as Public Speaker's Club, Emotional CPR, Purposeful Aging Conference, monthly OASOC meetings, LACDMH conferences, peer supported trainings and certificate programs.

TAY Division

The TAY Division provides an array of mental health and supportive services for SED and SPMI youth, ages 16-25. The TAY Division has identified several priorities for the TAY populations with a specific emphasis on O&E for unserved and underserved TAY groups. These priority populations are:

- TAY who are homeless or at risk of homelessness
- TAY aging out of the children's mental health, child welfare, or juvenile justice systems
- TAY leaving long-term institutional care
- TAY experiencing their first episode of major mental illness
- TAY struggling with substance abuse disorders

TAY Programs:

- FSP
- FCCS
- Probation Camp Services
- Drop-in Centers
- Enhanced Emergency Shelter Program (EESP)
- Permanent Supportive Housing/Project-Based Operating Subsidies for Permanent Housing
- Housing Specialist Services
- TAY System Navigators
- PEI
- PSP Program
- Anti-Stigma and Discrimination (ASD)

Consumers served for FY 16-17 by the TAY Division

Program/ Project/ Activity	Number of Consumers Served by Ethnicity and Gender								
	White	African American	Latino	API	American Indian	Other (Specify)	M	F	T
FSP	101	190	443	40	5	56	450	384	1
FCCS	373	730	3,000	19	186	491	2,182	2,613	4
Drop-in Centers	370	438	681	36	30	222	1,019	556	202
EESP	60	103	91	3	2	21	192	45	43
Other Ethnicities across all programs:									
Not specified.									
Languages of Staff across all programs:									
Arabic			Ilocano/Iloko				Tagalog		
Armenian			Italian				Thai		
Cambodian			Korean				Toisan		
Cantonese			Mandarin				Vietnamese		
English			Portuguese				Visayan		
German			Russian				Yiddish		
Greek			Spanish						
Hebrew			Swahili						

TAY Drop-In Centers

TAY Drop-In Centers are intended as entry points to the mental health system for homeless youth or youth in unstable living situations. Drop-In Centers provide "low demand, high tolerance" environments in which youth can find temporary safety and begin to build trusting relationships with staff members who facilitate connecting TAY to needed services and supports. Drop-In Centers also help to meet the youths' basic needs such as meals, hygiene facilities, clothing, mailing address, and a safe inside place to rest. Generally, these centers are operated during regular business hours. MHSA funding allows for expanded hours of operation of Drop-In Centers during evenings and weekends when access to these centers is even more crucial. Additionally, Housing-related systems development investments for the TAY population include:

- EESP meets the needs of TAY that are homeless, living on the streets, or in dire need of immediate short-term shelter while more permanent housing options are being explored. EESP has exceeded its annual target of 300. EESP served 606 consumers in the fiscal year
- A team of eight Housing Specialists was formed to develop local resources and help TAY find and move into affordable housing

TAY Probation Camps

TAY Probation Camp Services provide services to youth ages 16 to 20 who are residing in Los Angeles County Probation Camps; particularly youth with severe emotional disturbance, serious and persistent mental illness, those with co-occurring substance disorders and/or those who have experienced trauma. A multidisciplinary team of parent/peer advocates, clinicians, probation staff, and health staff provide an array of on-site treatment and support services that include assessments, substance abuse treatment, gender-specific treatment, medication support, aftercare planning, and transition services. TAY Probation services fund mental health staff at the following probation camps: Camp Rockey-Paige-Afflerbaugh, Camp Scott-Scudder, Camp Holton-Routh, Camp Gonzales, Challenger Complex, and Camp Miller-Kilpatrick.

The TAY Division projects and activities continue to contribute to LACDMH's provision of culturally and linguistically competent services. The TAY Division publishes TAY brochures in the following languages: English, Spanish, Armenian, Arabic, Korean, Russian, Farsi, Tagalog, Vietnamese, and Chinese. The TAY Mobile Library contains resources and information for TAY consumers and is being rotated amongst the EESPs and drop-in centers. TAY Navigators provide and deliver culturally and linguistically appropriate services to consumers in the EESP and those visiting the Drop-in Centers. Currently, there are several FSP providers that adhere to specific cultures/languages of the community such as Asian Pacific Counseling Treatment Center and American Indian Counseling Center.

The TAY Division is increasing its outreach and engagement efforts in "non-branded" mental health sites such as sober-living homes, 'Skid Row,' train stations, under bridges, parks, health clinics, Drop-in Centers, libraries, recreational centers, and community-based organizations. TAY staff has been working with local and federal law enforcement

in addressing TAY victims of sexual exploitation/trafficking in an effort to serve their mental health needs. TAY staff have increased outreach to justice-involved youth by outreaching them in juvenile camps and following up immediately post release to help link them to needed mental health services. TAY staff have been providing employment resources at various TAY locations, i.e. Drop-in Centers and EESP. The TAY Division started to implement self-help support groups to Permanent Supportive Housing (PSH) units. There has been collaboration with SA District Chiefs to permit providers to go over 10% of their allocated slots, and, in some cases, add more slots, for the purpose of ensuring that consumers with the highest need are being served.

TAY DIVISION		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
1. Outreach and Engagement Field-based services	The TAY Navigation team focuses on outreach and engagement to youth who are referred by multiple sources including self, family, schools, community partners/ providers, hospitals, etc. Through the course of outreach, the team strives to provide linkages to needed mental health, substance use, and medical services. Services are often provided at Drop-In Centers, emergency shelters, and various other community settings.	The TAY navigation team continues to address and attend to a variety of TAY concerns. Consumers are provided with emergency housing at TAY specific shelters and linked to needed resources in order to support their path to self-sufficiency.
	The TAY 'Housing Ambassador' ('HA') continues to collaborate with Permanent Supportive Housing (PSH) on-site case managers to assist TAY tenants in maintaining their housing and preventing homelessness by participating in PSH staff/Providers' meetings, assisting with conflict resolution that ensures a peaceful living environment. The HA provides community resources to connect TAY tenants to their community and collaborate with TAY clinicians to assist on-site case managers to link TAY to Mental health services to maintain youth stability.	The collaboration between TAY Housing Ambassador and on-site case managers and community providers ensures TAY stability in PSH. More TAY tenants are reconnecting with their families and finding alternative housing in the community after they are stable in PSH.
	The TAY Division's Partners in Suicide Prevention (PSP) team outreaches to minority communities and provides culturally relevant information and education on intervention strategies. The PSP team collaborates with various faith-based organizations accommodating cultural and ethnic minorities such as African Americans, Latino, and Asian Americans.	Participants in the PSP trainings are asked to complete evaluations and to take a pre-test and post-test to obtain more information about their knowledge of mental health and suicide prevention/intervention before and after trainings. Information gathered from evaluations is sent to the organization that created the training for updates and improvements to training materials.

TAY DIVISION		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
	The Navigator engages with the planning to link at-risk TAY with mental health and substance use treatment; emergency shelter housing; and various crisis issues. The Navigator also serves as a resource to educate legal staff about the criteria for FSP, FCCS, and CAPPS. The TAY Navigator provides consultation and referrals at Edelman Courthouse to assist at-risk TAY clientele in Non-minor Dependent court 418 and the Commercial Sexual Exploitation of Children (CSEC) court 427.	The Navigator attends quarterly collaborative meetings with attorneys, case managers, judges, DCFS and Probation Department to close service gaps for consumers.
2. Multi-lingual/multi-cultural materials	The FSP brochure is available on the LACDMH website – TAY Division in 10 languages.	The brochures remain easily accessible to the public and are also distributed during outreach and engagement.
3. Trainings/case consultation and collaboration with faith-based and other trusted community entities/groups	The TAY Division continues to provide trainings, consultation, and materials to support implementation of evidence based practice such as 'Seeking Safety' (SS) Initial Trainings; for the treatment of trauma and substance use. Also included, is the SS Champion training for qualified participants to monitor internal agency staffs' adherence to SS sessions as well as train new staff to the SS Model. Additional community based trainings included 'Psychotic Disorders and Schizophrenia in Children, Adolescents, and Young Adults: Assessment and Treatment.' The Commercial Sexual Exploitation of Children and Youth (CSECY) Team collaborated with partner agencies such as the Department of Probation, Department of Children and Family Services, Department of Health Services, Public Defender, District Attorney, advocacy groups and law enforcement to address resources for victims of commercial sexual exploitation. 'CSEC 101' Trainings increased awareness in mental health providers, community agencies and partners in all	Seeking Safety continues to be well received by Directly Operated Clinics and Legal Entities countywide. During FY 16-17, a Seeking Safety initial training was completed and 125 staff were trained. There was also one two-day SS Champion training which was attended by 18 staff. A total of six 'Psychotic Disorders and Schizophrenia in Children, Adolescents, and Young Adults: Assessment and Treatment' trainings were completed resulting in 229 trained staff. Additional trainings to continue in FY 17-18. Efforts continue to address resources for youth victimized by CSE. During FY 16-17, eight CSEC 101 Trainings were completed and 633 staff were trained. There were seven CSEC Clinical Approaches Trainings and 258 staff were trained. Additionally, 261 staff participated in one of the other four courses in the CSECY Training series which covered topics about LGBTQ Youth and their vulnerability to CSE; the Intersection of Substance Use and CSE. Approaches to Addressing Male Sexual Trauma and a training for supervisors. In an effort to bring awareness and outreach to community members, CSEC 101 trainings were offered to Faith-

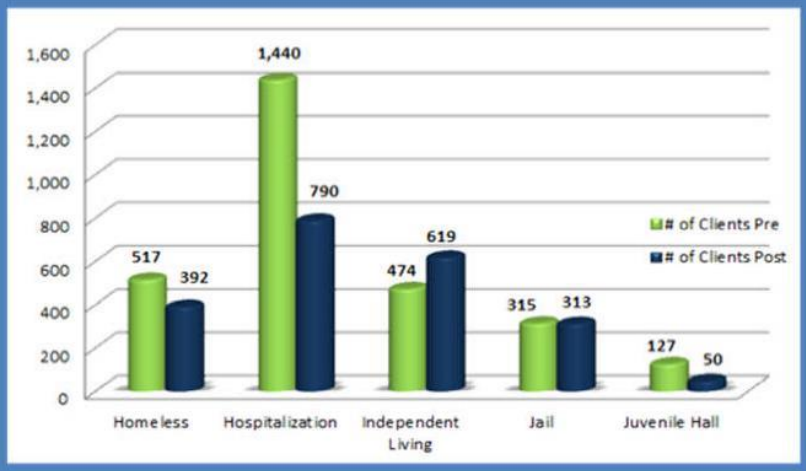
TAY DIVISION		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
	Service Areas about this population and the impact / role of traumatization. 'Clinical Approaches to Working with CSECY' Trainings provided mental health service providers with trauma-informed best practices to appropriately treat identified CSEC youth. Additionally, these trainings provide support and resources to mental health providers who: • Serve victims of childhood sexual exploitation (via monthly CSECY Clinical Roundtable) • May be experiencing vicarious trauma/compassion fatigue The TAY Division Partners in Suicide Prevention (PSP) team outreaches to culturally diverse communities, including African American, Asian American, Latino, and Faith-Based Organizations such as Del Rey Church, Reality LA Church, West Angeles Church, Faithful Central Church and Santa Martha Catholic Church.	Based Organizations, youth centers, school personnel, parents/parent-partners, homeless shelters as well as other county departments working with children and youth who may come into contact with this vulnerable population. These community-based agencies benefited from understanding the signs of exploitation and the resources available to assist this population. As a result, in FY 16-17, 200 community members were trained in CSEC 101. Participants in PSP trainings are asked to complete evaluations to measure the effectiveness of the trainings. There were 27 Mental Health First Aid (MHFA) trainings, nine Suicide Prevention for Service Provider Trainings and Question, Persuade and Refer Trainings.
4. Programs that target specific ethnic and language groups and designating and tracking ethnic targets for FSP	Numerous agencies such as the American-Indian Counseling Center, Asian Pacific Counseling Treatment Center, and Pacific Clinics Hye Wrap and Asian Programs are prepared to provide culturally based services in specific languages. Since Spanish is one of the most common languages for many TAY, the majority of programs have Spanish-speaking staff who can deliver services in the client's preferred language. There is an effort among providers to link monolingual consumers with agencies that have particular language capacity. Monthly Impact meetings in SAs 1 through 8 are used to gain insight of specialty language clinics.	There is an ongoing effort to enhance access to interpreters and increase linguistic services at agencies. Primary language and ethnicity continue to be tracked for FSP TAY within a database.
5. Flexibility in FSP enrollment such as allowing "those living with family" to qualify as "at-risk of homelessness"	As some parents/caregivers of youth with significant emotional, behavioral and Co-Occurring Disorders (COD) feel unequipped to care for their loved ones, FSP continues to enroll these TAY as "at risk for homelessness". Services are	FSP allows flexibility of slot allocations to meet the unique needs of TAY consumers. Additionally, FSP programs often identify and reach out to youth that could benefit from Permanent Supportive Housing.

TAY DIVISION		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
	delivered within the home and community in the preferred language of family.	
6. Integrated Supportive Services	The TAY Division continues to work with Los Angeles County's Substance Abuse Prevention and Control (SAPC) Division to promote and develop training and tools to better assess and treat impacted consumers. In collaboration with SAPC, TAY Division developed and planned series of substance use trainings. TAY providers are also utilizing the evidence based practice of 'Seeking Safety' for treatment of trauma and substance abuse. A solicitation came out to solicit Drop-In Centers to cover all eight SAs. The TAY Division currently has an open Statement of Eligibility and Interest (SEI) for an Enhanced Emergency Shelter Program (EESP).	The TAY Division continues to encourage staff training and competence in screening, assessing, and treatment interventions for COD TAY population. Seeking Safety has been well received by Substance Abuse Counselors and Clinicians for COD treatment. TAY Division hosted nine Substance Use Intervention Trainings resulting in 317 trained staff. Additional trainings will continue in FY 17-18. The TAY Division was able to contract with five providers to deliver Drop-In Center services for all eight SAs. With the added Drop-In Centers, there was an increase in the number of unique consumers being served countywide. With the current open SEI, the TAY Division was able to add two additional providers (Covenant House and The Salvation Army). There are plans to implement additional EESP shelters to more SAs to meet the growing need of SED/SPMI homeless TAY.
7. Co-location with other county departments (DCFS, Probation Department)	TAY Navigation staff are co-located in DCFS and Probation offices to screen, triage/assess, and link homeless youth to mental health services. They also collaborate with County providers to offer access to emergency shelters, Independent Living Programs and Permanent Supportive Housing Programs.	There is an ongoing need to increase capacity of co-located staff in serving high-risk youth.
8. Interagency Collaboration and Provider Communication and Support	The TAY Division maintains open communication with various county agencies. Ongoing collaboration takes place with direct service providers, non-branded providers, contract providers, court systems, probation camps, jail linkage, school systems, libraries and the Department of Children and Family Services (DCFS), Department of Health	In an effort to reduce disparities and improve access to services, collaboration continues to be vital between county agencies.

TAY DIVISION		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
	Services (DHS), Department of Public Health (DPH) and Substance Abuse Prevention and Control (SAPC) Division. The TAY Division Partners in Suicide Prevention (PSP) collaborated with Los Angeles County Department of Children and Family Services (DCFS) and Los Angeles County Department of Public Social Services (DPSS) to provide suicide prevention education and suicide prevention resource information.	During this FY, the PSP team conducted ongoing trainings for the Los Angeles County libraries, Colleges in Los Angeles County, and Los Angeles Unified School District (LAUSD) school faculty and staff.
9. Consultation to gatekeepers	The EESP gatekeeper plays a key role with screening and admitting of consumers to emergency shelters. Additionally, the gatekeeper is often the point of entry to initiate any referrals for youth in need of mental health services.	The EESP Gatekeeper monitors and tracks calls daily. Approved referrals are assigned to a TAY Navigation team for assessment and linkage to needed services. Gatekeeper linked 897 callers to needed resources.
10. Increasing mental health service accessibility to unserved, underserved, and inappropriately served populations	The TAY Division has increased to FSP slot allocation to 1,410 and has added a new provider. The Impact Team continues to work with providers to review current consumers' progress and ability to graduate to lower levels of care allowing for a consistent flow of consumers through levels of care, and create availability for unserved and underserved youth.	Develop and maintain reports of consumers in the FSP program. Monthly monitoring and evaluations of consumers' progress and length of stay in treatment via two year reviews. These are requested for review, approval and/or treatment recommendations of client care. Monthly attendance and involvement with Service Area Impact Teams provide support; reinforce department protocol, provide in-service to enhance skill, and resources to providers.
11. Implementation of new departmental policies and procedures that improve the quality and timeliness of mental health services Implementation of new technologies to enhance the Department's service delivery	Continued use of the Service Request Tracking System (SRTS), allows for the monitoring/tracking of the time it takes for referrals to be processed at each step of the FSP authorization. FSP Guidelines were updated to include departments policies and procedures regarding reducing barriers to treatment access and improve inclusion of unserved and underserved consumers.	SRTS gives an indication of the timeliness of the FSP referral process. It also tracks all the demographic and clinical data of each case, allowing for enhanced information collection and greater monitoring of mental health services. SRTS is in the process of updating the technology in order to provide more reliable reports that can be used on a regular basis.

Outcomes*

Fewer TAY FSP Clients Were Homeless, Hospitalized and in Jail/Juvenile Hall and More Clients Lived Independently Post-Partnership

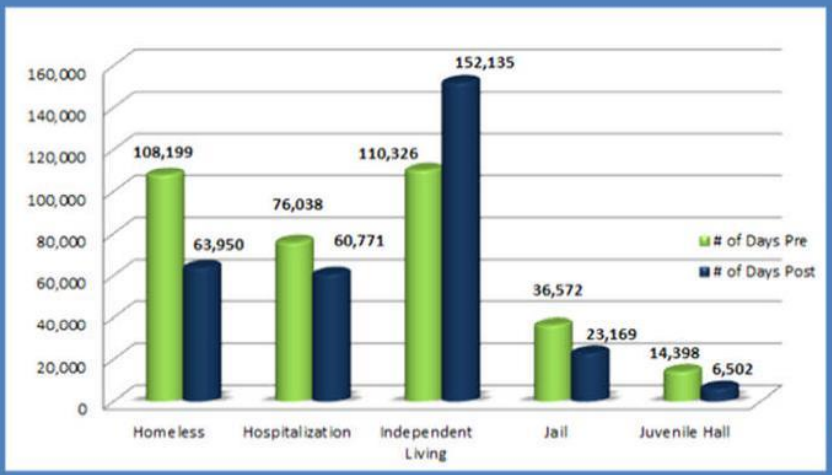


- ⇒ 24% reduction in the number of clients homeless post-partnership
- ⇒ 45% reduction in the number of clients hospitalized post-partnership
- ⇒ 31% increase in the number of clients living independently
- ⇒ 1% reduction in the number of clients in jail post-partnership
- ⇒ 61% reduction in the number of clients in juvenile hall post-partnership

Number of Baselines Included: 4,295
Number of Clients Included: 4,183

Data for clients served through June 30, 2016.

TAY FSP Clients Spent Fewer Days Homeless, Hospitalized, and in Jail/Juvenile Hall and More Days Living Independently Post-Partnership

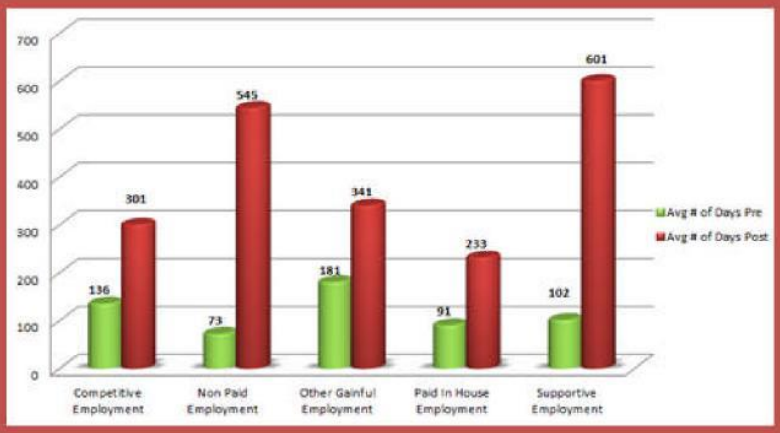


- ⇒ 41% reduction in days homeless post-partnership
- ⇒ 20% reduction in days hospitalized post-partnership
- ⇒ 38% increase in the number of days living independently
- ⇒ 37% reduction in days in jail post-partnership
- ⇒ 55% reduction in days in juvenile hall post-partnership

Number of Baselines Included: 4,295
Number of Clients Included: 4,183

Data for clients served through June 30, 2016.

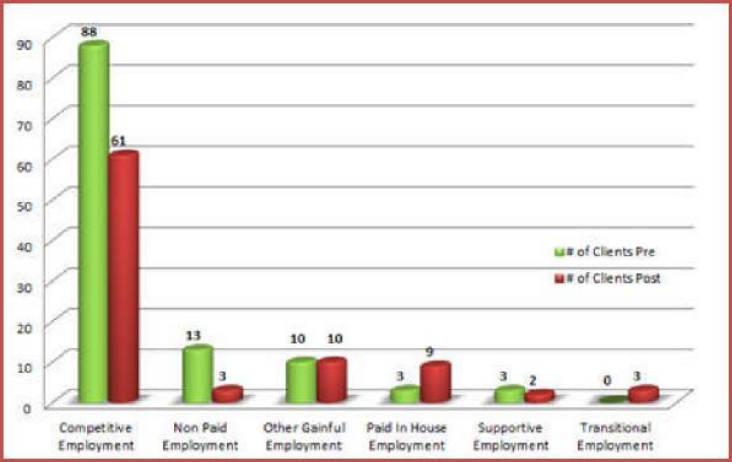
TAY FSP Clients, on Average, Spent Fewer Days Unemployed and More Days in Employment Post-Partnership



- ⇒ 122% increase in the number of days spent in competitive employment
- ⇒ 646% increase in the number of days spent in non-paid employment
- ⇒ 89% increase in the number of days spent in other gainful employment
- ⇒ 156% increase in the number of days spent in paid in house employment
- ⇒ 490% increase in the number of days spent in supportive employment
- ⇒ 24% reduction in the number of days spent unemployed

Number of Baselines Included: 1,185
Data for clients served through June 30, 2016.

More TAY FSP Clients were in Transitional and Paid in House Employment Post-Partnership



- ⇒ 31% reduction in the number of clients spent in competitive employment
- ⇒ 77% reduction in the number of clients in non-paid employment
- ⇒ 200% increase in the number of clients in paid in house employment
- ⇒ 33% reduction in the number of clients in supportive employment
- ⇒ 2% reduction in the number of clients spent unemployed

Number of Baselines Included: 1,185
Data for clients served through June 30, 2016

*Outcome data for FY 15-16. Source: MHSA Three Year Program & Expenditure Plan, FY 17-18 through FY 19-20

PEI

The LACDMH PEI Three-Year Plan for FY 17-18 to FY 19-20 was adopted on May 30, 2017. The plan highlights the spectrum of PEI services as follows:

- Universal prevention: targets the general public or a whole population that has not been identified on the basis of individual risks
    - Stigma and Discrimination Reduction
    - Suicide Prevention
- Selective prevention: targets individuals or a subgroup whose risk of developing mental illness is significantly higher than average
    - Community Outreach Services (COS) Expansion Programs
    - Parenting Programs
    - School-based Programs and School Failure Reduction Programs
    - Veteran Programs
    - Housing Supportive Services
    - Community Mental Health Promoters Program
- Early intervention: directed to individuals and families for whom a short duration, relatively low intensity intervention is appropriate
    - EBPs, Promising Practices, and CDE Practices
    - Practices for Anxiety
    - Practices for Trauma
    - Practices for First Break/Early Psychosis
    - Practices for Depression
    - Practice for Emotional Dysregulation Difficulties
    - Practices for Disruptive Behavior Disorders
    - Practices for Parenting and Family Difficulties
    - Practices for Severe Behavior/Conduct Disorders
- Relapse prevention: strategies for treatments applied in advance to prevent the return of mental illness symptoms
    - Peer Support Group Training
    - Peer Support Groups
    - Supported Employment Services
    - TAY Housing Support

Additionally, the PEI Division developed 13 projects that address the needs, priority populations, special sub-populations, and PEI programs selected by the stakeholders. Each PEI project is comprised of the following components: Outreach and education; training and technical assistance; and data collection, outcomes, monitoring and evaluation.

Suicide Prevention

The Early Start Suicide Prevention Program provides suicide prevention services through multiple strategies by strengthening the capacity of existing community resources and creating new collaborative and comprehensive efforts at the individual, family, and community level. These services include community outreach and education in the identification of the suicide risks and protective factors; linkage to direct services; improvement in the quality of care to individuals contemplating, threatening, or attempting suicide; access to evidence based

interventions trained suicide prevention hotlines; and building the infrastructure to further develop and enhance suicide prevention programs throughout the county across all age groups and cultures.

Evidence-Based Practices (EBP)/Promising Practices (PP)/Community-Defined Evidence Practices (CDE) Implemented:

- 24/7 Crisis Hotline
- Latina Youth Program
- Web-based Training for School Personnel on Suicide Prevention
- Partners in Suicide Prevention (PSP) Team for Children, TAY, Adults, and Older Adults

School Mental Health Initiative

The Early Start School Mental Health Initiative Program focuses on school mental health needs to reduce and eliminate stigma and discrimination. The program addresses the high need of students with developmental challenges, emotional stressors, and various mental health risks and reduces violence in educational institutions through collaborative efforts and partnerships with the community. This is a comprehensive program to prevent violence in schools and create a safe learning environment. Services are provided at the earliest onset of symptoms and include: substance use counseling, trauma-informed care, crisis management, early screening, and mental health assessment.

EBP/PP/CDEs Implemented:

- School Threat Assessment and Response Team (START)

Stigma and Discrimination

The purpose of the Early Start Stigma and Discrimination Project is to reduce and eliminate barriers that prevent people from utilizing mental health services by prioritizing information and knowledge on early signs and symptoms of mental illness through consumer-focused, family support and education, and community advocacy strategies. Core strategies have been identified to reduce stigma and discrimination, increase access to mental health services, and reduce the need for more intensive mental health services in the future. The services include anti-stigma education specifically targeting underrepresented communities through outreach that utilizes culturally sensitive and effective tools; educating and supporting mental health providers; connecting and linking resources to schools, families, and community agencies; and educating and empowering consumers and their family members.

EBP/PP/CDEs Implemented

- Family-focused Strategies to Reduce Mental Health Stigma and Discrimination
- Children's Stigma and Discrimination Reduction Project
- Older Adult Mental Wellness
- Profiles of Hope Project
- Videos

School Based Services

The School-Based Services Project is intended to: 1) build resiliency and increase protective factors among children, youth, and their families; 2) identify as early as possible children and youth who have risk factors for mental illness; and 3) provide on-site services to address non-academic problems that impede successful school progress. These programs provide outreach and education; promote mental wellbeing through universal and selective prevention strategies; foster a positive school climate; offer early mental health intervention services on school sites; and provide training in mental health evidence-based programs to school personnel and providers working with youth and children.

EBP/PP/CDEs Implemented:

- Aggression Replacement Training (ART)
- Cognitive Behavioral Intervention for Trauma in School (CBITS)
- Multidimensional Family Therapy (MDFT)
- Olweus Bullying Prevention Program (OBPP)
- Promoting Alternative Thinking Strategies (PATHS)
- Strengthening Families (SF)
- Why Try? Program

Family Education and Support Services

The purpose of the Family Education and Support Project is to build competencies, capacity, and resiliency in parents, family members, and other caregivers by teaching a variety of strategies. The project utilizes universal and selective intervention as well as early intervention approaches for children/youth in stressed families. The programs will address the risk factors and protective factors that promote positive mental health, concentrating on parental skill-building through a variety of training, education, individual, group parent, and family interaction methods.

EBP/PP/CDEs Implemented:

- Caring for Our Families (CFOF)
- Incredible Years (IY)
- Managing and Adapting Practice (MAP)
- Mindful Parenting Group (MPG)
- PATHS
- Nurse Family Partnership (NFP)
- Positive Parenting Program (Triple P)

At-Risk Family Services

The At-Risk Family Services Project provides training and assistance to families whose children are at risk for placement in foster care, group homes, psychiatric hospitals, and other out of home placements. It builds skills for families with difficult, out of control, or substance-abusing children who may face the juvenile justice involvement. It also supports families whose environment and history

renders them vulnerable to forces that lead to destructive behavior and the disintegration of the family.

EBP/PP/CDEs Implemented:
- Brief Strategic Family Therapy (BSFT)
- Child-Parent Psychotherapy (CPP)
- Families OverComing Under Stress (FOCUS)
- Group Cognitive Behavioral Therapy for Major Depression (Group CBT)
- IY
- Make Parenting a Pleasure (MPAP)
- MP
- Parent-Child Interaction Therapy (PCIT)
- Reflective Parenting Program (RPP)
- Triple P
- University of California Los Angeles (UCLA) Ties Transition Model (TTM)

Trauma Recovery Services

The Trauma Recovery Services Project provides: 1) short-term crisis debriefing, grief, and crisis counseling to consumers, family members and staff who have been affected by a traumatic event; and 2) intensive services to trauma-exposed youth, adults, and older adults to decrease the negative impact and behaviors resulting from the traumatic events. The programs include outreach and education, psychosocial assessment, individual short-term crisis counseling, family counseling, youth and parent support groups, case management, and training for staff that are likely to work with trauma victims.

EBP/PP/CDEs Implemented:
- CPP
- Crisis Oriented Recovery Services (CORS)
- Dialectal Behavioral Therapy (DBT)
- Depression Treatment Quality Improvement (DTQI)
- Group CBT
- Individual Cognitive Behavioral Therapy (CBT)
- PCIT
- Prolonged Exposure Therapy for Posttraumatic Stress Disorder (PE-PTSD)
- Seeking Safety (SS)
- System Navigators for Veterans
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Primary Care and Behavioral Health

The Primary Care and Behavioral Health Project develops mental health services within primary care clinics to increase primary care providers' capacity to offer effective mental health guidance and early intervention through the implementation of screening, assessment, education, consultation, and referral. The goal of the project is to mitigate the development of severe behavioral health symptoms through early identification in primary care clinics. Behavioral health professionals

skilled in consultation and primary care liaison will be integrated within the primary care system. By offering assistance in identifying emotional and behavioral issues in a clinic setting, the stigma associated with seeking out mental health services could be minimized.

EBP/PP/CDEs Implemented:

- Alternatives for Families-Cognitive Behavioral Therapy (AF-CBT)
- IY
- Mental Health Integration Program (MHIP)
- Triple P

Early Care and Support for TAY

The Early Support and Care for TAY Project: 1) builds resiliency, increases protective factors, and promotes positive social behavior among TAY; 2) addresses depressive disorders among the TAY, especially those from dysfunctional backgrounds; and 3) identifies, supports, treats, and minimizes the impact for youth who may be in the early stages of a serious mental illness. TAY who are homeless, emancipated, or in the process of emancipating are a special focus of this project.

EBP/PP/CDEs Implemented:

- ART
- Center for the Assessment and Prevention of Prodromal States (CAPPS)
- Group CBT
- Interpersonal Psychotherapy for Depression (IPT)
- MDFT

Juvenile Justice Services

The Juvenile Justice Services Project: 1) builds resiliency and protective factors among children and youth who are exposed to risk factors that leave them vulnerable to becoming involved in the juvenile justice system; 2) promotes coping and life skills to youths in the juvenile justice system to minimize recidivism; and identifies mental health issues as early as possible and provides early intervention services to youth involved in the juvenile justice system. Services are to be provided at probation camps throughout the County, residential treatment facilities, health clinics, community settings, and other non-traditional mental health sites.

EBP/PP/CDEs Implemented:

- ART
- CBITS
- Functional Family Therapy (FFT)
- Group CBT
- Loving Intervention for Family Enrichment (LIFE)
- MDFT
- Multisystemic Therapy (MST)
- TF-CBT

Early Care and Support for Older Adults

The purpose of the Early Care and Support Project for Older Adults is to: 1) establish the means to identify and link older adults who need mental health treatment but are reluctant, are hidden or unknown, and/or unaware of their situation; 2) prevent and alleviate depressive disorders among the elderly; and 3) provide brief mental health treatment for individuals. Services are directed at older adults, their family members, caregivers, and others who interact with and provide services to this senior citizen population.

EBP/PP/CDEs Implemented:

- Cognitive Behavioral Therapy for Late Life Depression
- CORS
- IPT
- Program to Encourage Active Rewarding Lives for Seniors (PEARLS)
- Problem Solving Therapy (PST)

Improving Access for Underserved Populations

The Improving Access for Underserved Populations Project aims to: 1) build resiliency and increase protective factors among monolingual and limited English-speaking immigrants and underserved cultural populations, LGBTQI2-S individuals, deaf/hard of hearing individuals, and blind/visually impaired individuals and their families; 2) identify as early as possible individuals who are at risk for emotional and mental problems; and 3) provide culturally and linguistically appropriate early mental health intervention services. The programs reach out to and educate the community, and promote mental wellbeing through universal and selective prevention strategies.

EBP/PP/CDEs Implemented:

- Group CBT
- NFP
- PE-PTSD
- TF-CBT

American Indian Project

The American Indian Project: 1) builds resiliency and increases protective factors among children, youth, and their families; 2) addresses stressful forces in children/youth lives, teaching coping skills, and diverting suicide attempts; and 3) identifies as early as possible children and youth who have risk factors for mental illness. The programs provide outreach and education; promote mental wellbeing through universal and selective prevention strategies; offer early mental health intervention services at comfortable, non-stigmatizing localities; and involve multi-generations in the American Indian children and youth's lives. An important emphasis is on preventing suicide among American Indian youth, given the high rate among this population.

EBP/PP/CDEs Implemented:

- American Indian Life Skills Program (AILSP)
- TF-CBT: Honoring Children, Mending the Circle

It is anticipated that a significant proportion of the target population served in each strategy will continue to be from underserved or inappropriately served ethnic or cultural communities.

As of October 1, 2013, a total of 51 PEI practices have been implemented. These PEI practices target different age groups, cultural groups, family systems, and treatment modalities. The following chart summarizes the PEI practices by age group and implementation type (i.e., prevention and/or early intervention).

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PROGRAM NAME	DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)	PREVENTION AND/OR EARLY INTERVENTION	PEI PROJECT(S)
Aggression Replacement Training (ART)	ART is a multimodal psycho-educational intervention designed to alter the behavior of chronically aggressive adolescents and young children. Its goal is to improve social skills, anger control, and moral reasoning in youth. The program incorporates three specific interventions: Skill-streaming, anger control training, and training in moral reasoning. Skill-streaming teaches prosocial skills. In anger control training, youths are taught how to respond to their annoyances. Training in moral reasoning is designed to enhance youths' sense of fairness and justice regarding the needs and rights of others.	Children (ages 5-12) – Skill streaming Only Children (ages 12-15) TAY (ages16-17)	Prevention and Early Intervention	School-based Services Project Early Support and Care for Transition Age Youth Project Juvenile Justice Services Project
Alternatives for Families – Cognitive Behavioral Therapy (AF-CBT)	AF-CBT is designed to improve the relationships between children and parents/ caregivers in families involved in physical force/coercion and chronic conflict/hostility. This practice emphasizes training in both intrapersonal and interpersonal skills to enhance self-control, strengthen positive parenting practices, improve family cohesion/communication, enhance child coping skills and social skills, and prevent further instances of coercion and aggression. Primary techniques include affect regulation, behavior management, social skills training, cognitive restructuring, problem solving, and communication.	Children (ages 4-15) TAY (ages 16-17)	Early Intervention	Primary care and Behavioral Health Project
American Indian Life Skills Program (AILSP)	AILSP is designed to build life skills and increase suicide prevention skills for American Indian high school students. It is designed to promote self-esteem, identify emotions and stress, increase communication and problem solving skills, and recognize and eliminate self-destructive behavior (including substance use). AILSP provides American Indian children and TAY information on suicide and suicide intervention training and helps them set personal and community goals. To be implemented early 2014.	Children (ages 14-15) TAY (ages 16-18)	Prevention	American Indian Project
Brief Strategic Family Therapy (BSFT)	BSFT is a short-term, problem-oriented, family-based intervention designed for children and adolescents who are displaying or are at risk for developing behavior problems, including substance abuse. The goal of BSFT is to improve a youth's behavior problems by improving family interactions that are presumed to be directly related to the child's symptoms, thus reducing risk factors and strengthening protective factors for adolescent drug abuse and other conduct problems.	Children (ages 10-15) TAY (ages 16-18)	Prevention and Early Intervention	At-Risk Family Services Project
Caring for Our Families (CFOF)	Adapted from the "Family Connections" Model, CFOF includes community outreach, family assessment, and individually tailored treatment programs. The goal is to help families meet the basic needs of their children and reduce the risk of child neglect. The core components include emergency	Children (ages 5-11)	Prevention and Early Intervention	Family Education and Support Project At-Risk Family Services Project

PROGRAM NAME	DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)	PREVENTION AND/OR EARLY INTERVENTION	PEI PROJECT(S)
	assistance/concrete services; home-based family intervention (e.g., outcome-driven service plans, individual and family counseling); service coordination with referrals targeted toward risk and protective factors; and multi-family supportive recreational activities.			
Center for the Assessment and Prevention of Prodromal States (CAPPS)	The focus of this CAPPS PEI Demonstration Pilot will be to conduct outreach and engagement specifically to youth who are experiencing their first-break psychosis and early onset of serious mental illnesses with psychotic features. In order to mitigate mental health challenges and progression of these challenges into mental health diagnoses, this project engages families and significant others of the youth as well as the youth themselves in PEI services.	TAY	Prevention and Early Intervention	Early Support and Care for Transition Age Youth Project
Child-Parent Psychotherapy (CPP)	CPP is a psychotherapy model that integrates psychodynamic, attachment, trauma, cognitive behavioral, and social-learning theories into a dyadic treatment approach. CPP is designed to restore the child-parent relationship and the child's mental health and developmental progression that have been injured by the experience of domestic violence. CPP is intended as an early intervention for young children who may be at risk for acting-out and experiencing symptoms of depression and trauma.	Young Children (ages 0-6)	Early Intervention	At-Risk Family Services Project Trauma Recovery Services Project
Cognitive Behavioral Intervention for Trauma in School (CBITS)	CBITS is an early intervention for children who have experienced or have been exposed to traumatic events and are experiencing difficulty related to symptoms of Posttraumatic Stress Disorder (PTSD), depression, or anxiety. To improve access to mental health care, services are delivered within the school setting by clinical staff as part of multi-disciplinary treatment teams. CBITS intends to reduce the impact of trauma-related symptoms, build resilience, and increase peer and parental support for students at-risk of school failure.	Children (ages 10-15) TAY	Prevention and Early Intervention	School-based Services Project Juvenile Justice Services Project
Crisis Oriented Recovery Services (CORS)	CORS is a short-term intervention designed to provide immediate crisis intervention, address identified case management needs, and assures linkage to ongoing services. Its primary objective is to assist individuals resolve and/or cope with psychosocial crises by mitigating additional stress or psychological harm. It promotes the development of coping strategies that individuals can utilize to help restore them to their previous level of functioning prior to the crisis event.	Children TAY Adults Older Adults	Prevention and Early Intervention	Trauma Recovery Services Project
Depression Treatment	DTQI is a comprehensive approach to managing depression that utilizes quality improvement processes to guide the	Children (ages 12-15)	Early Intervention	Primary care and Behavioral Health Project

PROGRAM NAME	DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)	PREVENTION AND/OR EARLY INTERVENTION	PEI PROJECT(S)
Quality Improvement (DTQI)	therapeutic services to adolescents and young adults. The psychoeducation component helps individuals learn about major depression and ways to decrease the likelihood of becoming depressed in the future. The psychotherapy component assists individuals who are currently depressed to gain understanding of factors that have contributed to the onset and maintenance of their depression and learn ways to treat their disorder.	TAY (ages16-20)		Early Support and Care for Transition Age Youth Project
Dialectical Behavioral Therapy (DBT)	DBT serves individuals who have or may be at risk for symptoms related to emotional dysregulation, which can result in the subsequent adoption of impulsive and problematic behaviors, including suicidal ideation. DBT incorporates a wide variety of treatment strategies including chain analysis, validation, dialectical strategies, mindfulness, contingency management, skills training and acquisition (core mindfulness, emotion regulation, interpersonal effectiveness, distress tolerance and self-management), crisis management, and team consultation.	TAY (18-25) Adults Older Adults Directly Operated Clinics only	Prevention and Early Intervention	Trauma Recovery Services Project
Early Start Suicide Prevention - 24/7 Crisis Hotline	Didi Hirsch provides 24/7 crisis hotline services in English, Spanish, and Korean. Support services are provided to persons who attempt suicide and/or those bereaved by a suicide, as well as consultation to law enforcement and first responders. This practice builds community capacity by offering evidence- based training in the ASIST and safe TALK models. In FY 2011-12 the Hotline responded to 23,223 calls.	Children TAY Adults Older Adults	Prevention	Suicide Prevention Project
Early Start Suicide Prevention – Latina Youth Program	Pacific Clinics provides 24/7 bilingual (Spanish) emergency and information telephone counseling, consultation, and education to schools regarding suicide risk factors among teens. It also provides education and support services in the community about warning signs and risk factors for suicide among youth. The program has expanded to include male and female youth, 14 to 25 years of age, who are identified as being “at risk” for suicide.	Children TAY Adults Older Adults	Prevention	Suicide Prevention Project
Early Start Suicide Prevention – Web-based Training for School Personnel on Suicide Prevention	The LACOE and CDOL were contracted to design, develop, and maintain a website dedicated to provide critical online information and materials on suicide prevention, intervention, and postvention for school personnel, parents, and students in all 80 K-12 school districts in Los Angeles County. Launched in January 2011, the website has been widely publicized throughout the County, State (through the Office of Suicide Prevention), and at national conferences and meetings of various suicide prevention networks/organizations (including a recent Webinar on “Responding after a Suicide: Best Practices for Schools,” sponsored by the Suicide Prevention Resource Center).	Children TAY Adults Older Adults	Prevention	Suicide Prevention Project

PROGRAM NAME	DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)	PREVENTION AND/OR EARLY INTERVENTION	PEI PROJECT(S)
Early Start Suicide Prevention – Partners in Suicide Prevention (PSP) Team	PSP is designed to increase public awareness of suicide and reduce stigma associated with seeking mental health and substance abuse services. The Team offers education, identifies appropriate tools, such as evidence- based practices, and provides linkage and referrals to age-appropriate services. PSP team members participate in suicide prevention events including countywide educational trainings, suicide prevention community events, and collaboration with various agencies and partners.	Children TAY Adults Older Adults	Prevention	Suicide Prevention Project
Early Start School Mental Health – School Threat Assessment Response Team (START)	The START program developed 21 teams composed of a law enforcement officer and a LACDMH clinician who partner with educational institutions (K-12 through higher education), school-based mental health programs, substance abuse programs, and other social service providers in the community to prevent school violence. Staff conducts school threat assessments and provides intervention and case management services to those who meet criteria for the START program.	Children TAY Adults Older Adults	Prevention	School Mental Health Project
Early Start School Mental Health – SA 6 School Mental Health Demonstration Program	The School Mental Health PEI DemonstrationPilot (SMHPEI Demonstration Pilot) provides school-based mental health outreach and education, on-site school crisis intervention, a peer support network, and early screening. Proposals to serve the northern and southern parts of SA 6 are currently being evaluated, and it is expected that programs started in 2014.	Children TAY	Prevention	School Mental Health Project
Early Start Stigma and Discrimination – Family-Focused Strategies to Reduce Mental Health Stigma and Discrimination	The Los Angeles County Alliance for the Mentally Ill is implementing "Family-focused Strategies to Reduce Mental Health Stigma and Discrimination" for consumers' families and parents/caregivers. Services include education about mental illness, treatment, medication, and rehabilitation, as well as teaching communication and coping skills. The program includes a family support bureau training program, parental support services, and consultative services.	Adults Older Adults	Prevention	Stigma and Discrimination Reduction Project
Early Start Stigma and Discrimination – Children's Stigma and Discrimination Reduction Project	The project provides education to parents and the community through two distinct curricula. A 10-week course developed specifically to reduce stigma includes healing and communication tools to promote mental wellbeing and creating a world that is empathic to children. A 12-week curriculum, developed by United Advocates for Children and Families (UACF) on childhood mental illnesses which includes topics such as grief and loss, and navigating the multiple systems (e.g., mental health, juvenile justice, and DCFS).	Adults Older Adults	Prevention	Stigma and Discrimination Reduction Project

PROGRAM NAME	DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)	PREVENTION AND/OR EARLY INTERVENTION	PEI PROJECT(S)
Early Start Stigma and Discrimination – Older Adults Mental Wellness	The Older Adult Anti-Stigma and Discrimination Team (OA ASD) outreaches to residents through countywide educational presentations, community events, and collaboration with various agencies. OA ASD increases awareness on mental wellbeing for older adults throughout Los Angeles County, particularly among underserved and underrepresented communities. Presentations are available in five different languages: English, Spanish, Korean, Chinese, and Farsi.	Older Adults	Prevention	Stigma and Discrimination Reduction Project
Early Start Stigma and Discrimination – Profiles of Hope Project	The Profiles of Hope and accompanying Public Service Announcements (PSAs) aim to show that anyone can be subject to the stigma a mental illness has traditionally carried, and change their minds about how they support and view others with a diagnosis of mental illness. "Profiles of Hope," a 60-minute film, promotes an anti- stigma message for those diagnosed with mental illness and has been broadcast on local television stations along with the PSAs.	TAY Adults Older Adults	Prevention	Stigma and Discrimination Reduction Project
Early Start Stigma and Discrimination – Videos	Six high-profile personalities, experienced and passionate advocates in promoting hope, wellbeing and recovery, donated their time and talent to create 10-15 minute ASD videos that are aired on various television stations, including: Latina boxing champion Mia St. John; CSI-Las Vegas actor and musician Robert David Hall; actress and author Mariette Hartley; psychiatrist in recovery Clayton Chau, M.D., Ph.D.; Veteran General Hospital actor Maurice Bernard; and US Vets CEO Steve Peck, M.S.W.	TAY Adults Older Adults	Prevention	Stigma and Discrimination Reduction Project
Families OverComing Under Stress (FOCUS)	Family resiliency training for Military families, couples, and children who experience difficulties with multiple deployments, injuries, PTSD, and combat operational issues. FOCUS believes that poor communication skills and combat operational stress leads to distortions in thinking and family detachment. Treatment is delivered to couples and/or the family as a whole by building upon existing strengths and positive coping strategies as well as increasing communication and decreasing stress.	Children TAY Adults	Prevention and Early Intervention	Stigma and Discrimination Reduction Project
Functional Family Therapy (FFT)	FFT is a family-based, short-term prevention and intervention program for acting out youth. It focuses on risk and protective factors that impact the adolescent, specifically intra-familial and extra-familial factors, and how they present and influence the therapeutic process. Major goals are to improve family communication and supportiveness while decreasing intense negativity these families experience.	Children (ages 11-15) TAY (ages16-18)	Early Intervention	Trauma Recovery Services Project Improving Access for Underserved Populations Project

PROGRAM NAME	DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)	PREVENTION AND/OR EARLY INTERVENTION	PEI PROJECT(S)
Group Cognitive Behavioral Therapy for Major Depression (Group CBT)	Group CBT focuses on changing an individual's thoughts (cognitive patterns) in order to change his or her behavior and emotional state. Treatment is provided in a group format and assumes maladaptive, or faulty, thinking patterns cause maladaptive behaviors and negative emotions. The group format is particularly helpful in challenging distorted perceptions and bringing thoughts more in-line with reality. Cultural tailoring of treatment and case management shows increased effectiveness for low-income Latino and African American adults.	TAY (ages 18-25) Adults Older Adults	Prevention and Early Intervention	At-Risk Family Services Project Trauma Recovery Services Project Early Support and Care for Transition Age Youth Project Juvenile Justice Services Project Early Care and Support for Older Adults Project
Incredible Years (IY)	IY is based on developmental theories of the role of multiple interacting risk and protective factors in the development of conduct problems. Parent training intervention focuses on strengthening parenting competency and parent involvement in a child's activities to reduce delinquent behavior. Child training curriculum strengthens children's social/emotional competencies. Teacher training intervention focuses on teachers' classroom management strategies, promoting prosocial behaviors and school readiness.	Young Children (ages 2-5) Children (ages 6-12)	Prevention and Early Intervention	Family Education and Support Project At-Risk Family Services Project Primary care and Behavioral Health Project
Individual Cognitive Behavioral Therapy (CBT)	CBT is intended as an early intervention for individuals who either have or may be at risk for symptoms related to the early onset of anxiety, depression, and the effects of trauma that impact various domains of daily living. CBT incorporates a wide variety of treatment strategies including psychoeducation, skills acquisition, contingency management, Socratic questioning, behavioral activation, exposure, cognitive modification, acceptance and mindfulness strategies, and behavioral rehearsal.	TAY (18-25) Adults Older Adults Directly Operated Clinics only	Prevention and Early Intervention	At-Risk Family Services Project Trauma Recovery Services Project Primary care and Behavioral Health Project Early Support and Care for Transition Age Youth Project Juvenile Justice Services Project
Interpersonal Psychotherapy for Depression (IPT)	IPT is a short-term therapy (8-20 weeks) that is based on an attachment model, in which distress is tied to difficulty in interpersonal relationships. IPT targets the TAY population suffering from non-psychotic, uni-polar depression. It not only targets symptom reduction, but also improvement in interpersonal functioning, relationships, and social support. Therapy focuses on one or more interpersonal problem areas, including interpersonal disputes, role transitions, and grief and loss issues.	Children (ages 9-15) TAY Adults Older Adults	Prevention and Early Intervention	Early Support and Care for Transition Age Youth Project Early Care and Support for Older Adults Project
Loving Intervention Family Enrichment	An adaptation of Parent Project, LIFE is a 22-week skills-based curriculum implemented with parenting classes/support groups, youth mental health groups, and multi-family groups for parents with children at risk of or involved with the juvenile justice system. The program is designed for low-income Latino families	Children (ages 10-18)	Early Intervention	Juvenile Justice Services Project

PROGRAM NAME	DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)	PREVENTION AND/OR EARLY INTERVENTION	PEI PROJECT(S)
Program (LIFE)	with monolingual (Spanish) parents of children at high-risk of delinquency and/or school failure.			
Make Parenting a Pleasure (MPAP)	MPAP is a group-based parent training program designed for parents and caregivers of children from birth to eight years of age. The program addresses the stress, isolation, and lack of adequate parenting information and social support that many parents experience. MPAP begins by recognizing the importance of parents as individuals, building on family strengths and helping parents develop strong support networks. The curriculum focuses first on the parents' need for self-care and personal empowerment, and then moves from an adult focus to a parent/child/family emphasis.	Children (ages 0-8) TAY Adults Older Adults	Prevention	Family Education and Support Project At-Risk Family Services Project Early Support and Care for Transition Age Youth Project
Managing and Adapting Practice (MAP)	MAP is designed to improve the quality, efficiency, and outcomes of children's mental health services by giving administrators and practitioner's easy access to the most current scientific information and by providing user-friendly monitoring tools and clinical protocols. Using an online database, the system can suggest formal EBPs or can provide detailed recommendations about discrete components of evidence-based treatments relevant to a specific youth's characteristics. MAP has four foci of treatment, namely, anxiety, depression, disruptive behavior, and trauma.	Young Children TAY (ages 16-21)	Prevention and Early Intervention	School-based Services Project Family Education and Support Project At-Risk Family Services Project Trauma Recovery Services Project
Mental Health First Aid (MHFA)	MHFA is a public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders. An interactive eight-hour course, MHFA presents an overview of mental illness and substance use disorders and introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and overviews common treatments. Participants learn a five-step action plan encompassing the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care.	TAY Adults Older Adults	Prevention	Family Education and Support Project Improving Access for Underserved Populations Project
Mental Health Integration Program (MHIP) formerly known as IMPACT	MHIP delivers specialty mental health services to Tier 2 PEI and Low-Income Health Plan (LIHP)/Healthy Way LA enrollees with less intense mental health needs who are appropriately served through focused, time-limited early intervention strategies. An integrated behavioral health intervention program is provided within a primary care facility or in collaboration with a medical provider. MHIP is used to treat depressive disorders, anxiety disorders or PTSD, and to prevent a relapse in symptoms.	Adults	Prevention and Early Intervention	Primary care and Behavioral Health Project Early Care and Support for Older Adults Project

PROGRAM NAME	DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)	PREVENTION AND/OR EARLY INTERVENTION	PEI PROJECT(S)
Mindful Parenting Groups (MPG)	MPG is a 12-week parenting program for parents and caregivers of infant, toddler and preschool children at risk for mental health problems and disrupted adoptions. Parents/caregivers and children are grouped in tight developmental cohorts with no more than four to six months difference in age for the children.	Young Children (ages 0-3)	Early Intervention	At-Risk Family Services Project
Multidimensional Family Therapy (MDFT)	MDFT is a family-based treatment and substance-abuse prevention program to help adolescents to reduce or eliminate substance abuse and behavior/conduct problems, and improve overall family functioning through multiple components, assessments, and interventions in several core areas of life. There are also two intermediate intervention goals for every family: 1) Helping the adolescent achieve an interdependent attachment/bond to parents/family; and 2) helping the adolescent forge durable connections with prosocial influences such as schools, peer groups, and recreational and religious institutions.	Children (ages 12-15) TAY (ages 16-18)	Early Intervention	School-based Services Project Early Support and Care for Transition Age Youth Project Juvenile Justice Services Project
Multisystemic Therapy (MST)	MST targets youth with criminal behavior, substance abuse and emotional disturbance, as well as juvenile probation youth. MST typically uses a home-based approach to reduce barriers that keep families from accessing services. Therapists concentrate on empowering parents and improving their effectiveness by identifying strengths and developing natural support systems (e.g. extended family and friends) and removing barriers (e.g. parental substance abuse and high stress).	Children (ages 12-15) TAY (ages 16-17)	Early Intervention	Juvenile Justice Services Project
Nurse Family Partnership (NFP)	Registered nurses conduct home visits to first-time, low-income mothers, beginning during pregnancy and continuing through the child's second birthday. Nurses begin 60-90 minute visits with pregnant mothers early in their pregnancy (about 16 weeks gestation). Registered nurses visit weekly for the first month after enrollment and then every other week until the baby is born. Visits may continue until the baby is two years old. Provided in conjunction with the Los Angeles County Department of Public Health.	Young Children (ages 0-2)	Prevention and Early Intervention	Family Education and Support Project Improving Access for Underserved Populations Project
Olweus Bullying Prevention Program (OBPP)	OBPP is designed to promote the reduction and prevention of bullying behavior and victimization problems for children. The program is based on an ecological model, intervening with a child's environment on many levels: the individual children who are bullying and being bullied, the families, the teachers, and students with the classroom, the school as a whole, and the community. School staff has the primary responsibility for introducing and implementing the program.	Children (ages 6-15)	Prevention	School-based Services Project

PROGRAM NAME	DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)	PREVENTION AND/OR EARLY INTERVENTION	PEI PROJECT(S)
Parent-Child Interaction Therapy (PCIT)	PCIT provides highly specified, step-by-step, live coaching sessions with both the parent/caregiver and the child. Parents/caregivers learn skills through didactic sessions to help manage behavioral problems in their children. Using a transmitter and receiver system, the parent/caregiver is coached in specific skills as he or she interacts in specific play with the child. The emphasis is on changing negative parent/caregiver-child patterns.	Young Children (ages 2-7)	Prevention and Early Intervention	At-Risk Family Services Project Trauma Recovery Services Project
Problem Solving Therapy (PST)	PST has been the primary strategy in MHIP and PEARLS. While PST has generally focused on the treatment of depression, this strategy can be adapted to a wide range of problems and populations. PST is intended for those consumers who are experiencing short-term challenges that may be temporarily impacting their ability to function normally. This intervention model is particularly designed for older adults who have diagnoses of dysthymia or mild depression who are experiencing early signs of mental illness.	Older Adults	Early Intervention	Early Care and Support for Older Adults Project
Program to Encourage Active Rewarding Lives for Seniors (PEARLS)	PEARLS is a community-based treatment program using methods of PST, social and physical activation and increased pleasant events to reduce depression in physically impaired and socially isolated older adults.	Older Adults	Prevention and Early Intervention	Early Care and Support for Older Adults Project Improving Access for Underserved Populations Project
Prolonged Exposure Therapy for Posttraumatic Stress Disorder (PE-PTSD)	PE-PTSD is an early intervention, cognitive behavioral treatment for individuals experiencing symptoms indicative of early signs of mental health complications due to experiencing one or more traumatic events. Individual therapy is designed to help consumers process traumatic events and reduce their PTSD symptoms as well as depression, anger, and general anxiety.	TAY (ages 18-25) Adults Older Adults Directly Operated Clinics Only	Early Intervention	Trauma Recovery Services Project Juvenile Justice Services Project Improving Access for Underserved Populations Project
Promoting Alternative Thinking Strategies (PATHS)	PATHS is a school-based preventive intervention for children in elementary school. The intervention is designed to enhance areas of social-emotional development such as self-control, self-esteem, emotional awareness, social skills, friendships, and interpersonal problem-solving skills while reducing aggression and other behavior problems. Skills concepts are presented through direct instruction, discussion, modeling, storytelling, role-playing activities, and video presentations.	Children (ages 5-12)	Prevention and Early Intervention	School-based Services Project
Reflective Parenting Program (RPP)	RPP consists of a 10-week workshop that includes instruction, discussions, and exercises to involve parents in topics such as temperament, responding to children's distress, separation, play, discipline, and anger as they relate to issues in their own	Young Children (ages 2-5) Children (ages 6-12)	Early Intervention	At-Risk Family Services Project

PROGRAM NAME	DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)	PREVENTION AND/OR EARLY INTERVENTION	PEI PROJECT(S)
	families. The workshops help parents /caregivers enhance their reflective functioning and build strong, healthy bonds with their children.			
Seeking Safety (SS)	SS is a present-focused therapy that helps people attain safety from trauma or PTSD and substance abuse. It consists of 25 topics that focus on the development of safe coping skills while utilizing a self-empowerment approach. The treatment is designed for flexible use and is conducted in group or individual format, in a variety of settings, and for culturally diverse populations.	Children (ages 13-15) TAY Adults Older Adults	Early Intervention	Trauma Recovery Services Project Early Support and Care for Transition Age Youth Project
Strengthening Families (SF)	SF is a family skills traininginterventionn designed to enhance school success and reduce substance use and aggression among youth. Sessions provide instruction for parents on understanding the risk factors for substance use, enhancing parent-child bonding, monitoring compliance with parental guidelines, and imposing appropriate consequences, managing anger and family conflict, and fostering positive child involvement in family tasks. Children receive instruction on resisting peer influences.	Children (ages 3-15) TAY (ages 16-18)	Prevention and Early Intervention	School-based Services Project
Trauma Focused Cognitive Behavioral Therapy (TF-CBT)	An early intervention for children who may be at risk for symptoms of depression and psychological trauma, subsequent to any number of traumatic experiences, particularly those individuals who are not currently receiving mental health services. Services are specialized mental health services delivered by clinical staff, as part of multi-disciplinary treatment teams. Program is intended to reduce symptoms of depression and psychological trauma, which may be the result of any number of traumatic experiences (e.g., child sexual abuse, domestic violence, and traumatic loss), for children and TAY receiving these services.	Young Children TAY (ages16-18)	Early Intervention	Trauma Recovery Services Project Early Support and Care for Transition Age Youth Project Juvenile Justice Services Project Improving Access for Underserved Populations Project
Trauma Focused CBT (TF-CBT): "Honoring Children, Mending the Circle"	This practice for Native American child trauma victims is based on TF-CBT. Treatment goals are to improve spiritual, mental, physical, emotional, and relational wellbeing. AI/AN healing traditions and world view are included.	Children	Early Intervention	American Indian Project
Triple P Positive Parenting Program (Triple P)	Triple P is intended for the prevention and early intervention of social, emotional, and behavioral problems in childhood, the prevention of child maltreatment, and the strengthening of parenting and parental confidence. Levels Two and Three, which focus on preventive mental health activities, are being implemented through community-based organizations. Levels	Young Children (ages 0-5) Children (ages 6-15) TAY (age 16)	Prevention and Early Intervention	Family Education and Support Project At-Risk Family Services Project Primary care and Behavioral Health Project

PROGRAM NAME	DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)	PREVENTION AND/OR EARLY INTERVENTION	PEI PROJECT(S)
	Four and Five, which are early interventions parenting and teen modules, are being implemented by LACDMH Directly Operated and Contracted agencies.			
University of California Los Angeles (UCLA) Ties Transition Model (TTM)	UCLA TTM is a multi-tiered transitional and supportive intervention for adoptive parents of high-risk children. Families participate in three three-hour psycho-educational groups. Additional service and support options are available to families, including older children, for up to one year (e.g., monthly support sessions, adoption-specific counseling, home visiting if child is less than age three, interdisciplinary educational, and pediatric consultation).	Young Children (0-5) Children (ages 6-12)	Early Intervention	At-Risk Family Services Project
Veterans System Navigators	Military veterans engage veterans and their families in order to identify and link them to support and services tailored to the particular cultural, ethnic, age and gender identity of those seeking assistance. Navigators also engage in joint planning efforts with community partners including veterans groups, Veterans Administration, community-based organizations, other County Departments, schools, and faith-based organizations with the goal of increasing access to mental health services and strengthening the network of services available to veterans. Provided in conjunction with the Los Angeles County Department of Military and Veterans Affairs.	TAY Adults Older Adults	Prevention	Trauma Recovery Services Project

Consumers served for FY 16-17 by PEI Practice

Program/ Project/ Activity	Number of Consumers Served by Ethnicity and Gender								Staff Trained	total
	White	African American	Latino	API	American Indian	Other Ethnicity	M	F		
ART	10	27	113	9	0	21	119	61	5	180
AF-CBT	3	20	185	3	1	76	170	118	2	288
BSFT	1	2	7			17	11	16	4	27
CAPPS	9	15	98	1		9	73	59	4	132
CFOF			1					1	1	1
CPP	86	114	595	21		545	736	625	9	1,361
CBITS			7			6	5	8	2	13
CORS	10	281	618	6	1	134	542	507	8	1,050
DTQI	2	2	42	1		60	46	61	3	107
DBT	10	1	11			16	9	29	4	38
FOCUS	8	13	99	4		26	81	69	3	150
FFT	2	29	74			30	89	46	2	135
GROUP CBT	4	9	23			19	13	42	3	55
IY	7	17	225	1		156	264	142	3	406
Ind CBT	354	336	1,267	47	3	1,315	1,095	2,223	19	3,322
IPT	111	76	651	35	1	505	379	999	13	1,379
LIFE	1	3	52			34	47	43	3	90
MAP	741	1,060	7,785	149	13	5,743	8,541	6,947	28	1,5491
MDFT			5	1		2	2	6	2	8
MHIP	25	35	95	4	1	662	222	599	11	822

Program/ Project/ Activity	Number of Consumers Served by Ethnicity and Gender								Staff Trained	total
	White	African American	Latino	API	American Indian	Other Ethnicity	M	F		
MP						3	3		1	3
MST	25	27	129	3		250	200	234	4	434
PATHS		3	7			3	7	6	2	13
PCIT	61	109	473	5	1	639	844	443	5	1,288
PEARLS	2	2	3	5		6	10	8	7	18
PE			3			2	4	1	3	5
PST	12	4	16	3		15	16	34	6	50
RPP			12	2		11	15	10	2	25
SS	311	359	1,665	46	8	839	1,336	1,890	17	3,228
SF	2	2	16			1	11	10	3	21
TF-CBT	301	430	2,599	37	8	2,071	2,433	3,010	19	5,446
TRIPLE P	39	143	734	16		456	947	441	9	1,388
UCLA TTM	6	8	18	1		14	22	25	5	47

PEI projects and activities contribute to LACDMH's provision of culturally and linguistically competent services. Evidence Based Practices (EBP) implemented under PEI address cultural and linguistic needs of the communities. The Department and providers have worked with program developers on accommodations or adaptations when needed to meet the needs of the consumers served. Supporting materials including videos, workbooks, and other handouts have been translated into threshold languages. Additionally, the EBP Symposium- Outreach to Outcome that was held in April, 2017 was the first for LACDMH Prevention and Early Intervention. The conference consisted of high quality presentations relating to strategies that promoted cultural competency with many workshops focusing on the unique needs of the Prevention and Early Intervention (PEI) population. The Evidence-Based Practices Symposium was intended to provide a Range of information dissemination, skills training, and data informed research enhanced outreach to vulnerable communities and address disparities. Furthermore, PEI has provided training in the following Evidence Based Practice to target the Native American Indian Population in Los Angeles be adding Mending the Circle Adaptation to Trauma

Focused Cognitive Behavior Therapy (TF-CBT) that has been research to work well with the Indian population which focus on the culture dynamics. PEI has also added the American Indian Life Skills Program that focuses school-based, culturally grounded, life-skills training program that aims to reduce high rates of American Indian/Alaska Native (AI/AN) adolescent suicidal behaviors by reducing suicide risk and improving protective factors.

PEI		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
Suicide Prevention Project **1.** Provides (1) a program targeting at-risk Latina youth and their families; (2) a suicide hotline transformation and expansion of suicide prevention services; (3) information and education through web-based training of school personnel; (4) suicide prevention specialized teams; and (5) an integrated care model to bring mental health services to primary care agencies.	**Latina Youth Program** The primary goals of Pacific Clinics' School Based Services for the Latina Special Program are to promote prevention and early intervention for youth to decrease substance use and depressive symptoms which are major risk factors for suicide; increase youth awareness of high-risk behaviors and provide immediate assessment and treatment services; increase access to services while decreasing barriers and stigma among youth in accepting mental health services; increase family awareness about high-risk behaviors and empower families through education about the benefits of prevention and early intervention and health promotion; enhance awareness and education among school staff and community members regarding substance use and depression. The agency's coordination of collaborative relationships with schools, private and public agencies, as well as other community-based organizations continue to allow it to successfully leverage many services and resources for the benefit of program participants. One of the most important aspects of the collaborative effort continues to be the reduction of barriers and increase in access to mental health services by the community in general and children and adolescents in particular. One way in which this has been achieved is by locating the program at school sites, and providing services at locations and times convenient to	**Latina Youth Program** For FY 16-17, the program provided services to 143 children and TAY and their families, of which 143 students who had open cases. With regard to gender, 54% were female, and 46% were male. The program's staff provided over 874 hours of crisis and urgent services as well as preventive activities such as outreach and education to 671 contacts. A number of risk factors have been associated with higher risk for suicidality in adolescents. The program identified a number of risk factors, which were targeted for prevention, education, and treatment activities, in addition to treatment of diagnosed mental health illnesses. The risk factors include: presence of substance use or abuse, suicidal ideation, and past suicide attempts. These risk factors have been perceived in the professional literature as most predictive of suicidal ideation. In addition, in past years, the program has also tracked other risk factors such as, running away from home, communication problems at home, poor school functioning, difficulty regulating emotions, involvement with the legal system, negative peer relations and issues related to sexual identity and poverty. As stated previously, the Latina Youth Program was implemented to address the rising incidence of suicidality in Latina youth. Risk factors associated in the literature with research on suicide, were targeted for prevention and intervention. The program has been consistently successful at preventing suicide in the participants. As supported by the program experience over its fourteen years of operation, participants who endorsed suicide ideation as a significant problem at intake decreased in severity after participating in treatment, based on participant and parent report. This point to a

PEI		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
	the program participants and their families. The fact that the services are provided at no cost to the participants and that they are provided by staff that is both culturally and linguistically competent further enhances the participants' accessibility to treatment.	decrease in thinking about committing suicide and in developing or carrying out a plan for suicide. A trend has been noted during recent evaluation periods, clinicians reported dealing with students who thought about or attempted suicide at a higher incidence rate than in previous years. Thus, although more students may be attempting suicide, the availability of easily accessible intervention, including hospitalization is helping keep most severe of cases safe.
	24/7 Crisis/Suicide Hotline Didi Hirsch provides 24/7 crisis Hotline services in English as well as Spanish; support services to attempters and/or those bereaved by a suicide; and assistance consultation to law enforcement and first responders. It is also building community capacity by offering evidence-based training in the Applied Suicide Intervention Skills Training (ASIST) and safe TALK models.	The 24/7 Suicide Prevention Crisis Line responded to a total of 86,970 calls, chats, and texts originating from Los Angeles County, including Spanish-language crisis hotline services to 5,900 callers. Korean and Vietnamese language services are also available on the Crisis Hotline. Additionally, various outreach events were conducted in Los Angeles and Orange Counties. Types of outreach events include: Adolescent, Adult, Adult Clinical, ASIST, Clinical College, College Clinical, First Responders, lectures, medical, and safeTALK presentations. In Los Angeles County, 5,331 persons were reached through these outreach efforts. Callers were asked questions to rate their suicidal intent. Callers who rated their suicidal intent as high or imminent risk at the start of the call showed a 37% reduction in their intent by the end of the call. Callers who rated their suicidal intent as medium risk at the start of the call also showed a 37% reduction in their intent by the end of the call.
	Partners in Suicide Prevention (PSP) Team for Children, Transition Age Youth (TAY), Adults, and Older Adults is designed to increase public awareness of suicide and reduce stigma associated with seeking mental health and substance use services. The team is comprised of eight staff representing each of the four age groups, and includes six Spanish-speaking members. The	PSP Team members participated in a total of 258 suicide prevention events during FY 16-17, outreaching to more than 5,168 Los Angeles County residents. These events included countywide educational trainings, participation in suicide prevention community events, and collaboration with various agencies and partners. Highlights included the provision of nine Applied Suicide Intervention Skills Trainings (ASIST) to 205. This is almost double the amount of ASIST trainings held in prior FY 15-16.

PEI		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
	team offers education, identifies appropriate tools, such as evidence-based practices, and provides linkage and referrals to age appropriate services.	Two PSP members provided two trainings in Suicide to Hope, the newest training. There were 28 clinicians and case managers trained in this workshop which provides tools for them to work with consumers who may be persons with experiences of suicide work together to develop achievable recovery and growth goals. PSP continued its collaboration with two adjunct ASIST trainers from outside of LACDMH which increased its training capacity countywide, particularly in service areas further from metro Los Angeles. Provided 81 QPR (Question, Persuade and Refer) gatekeeper trainings throughout the County, totaling 2,190 community members trained in QPR by the PSP team during FY 16-17. Provided 68 MHFA (Mental Health First Aid) trainings which is designed to teach members of the community to recognize the symptoms of mental health problems, offer and provide initial help, and guide the individual to professional help if appropriate. Additionally, 11 YMHFA (Youth Mental Health First Aid) trainings were held, with 178 community members trained to recognize symptoms of mental health problems in youth ages 12-18. Three AMSR (Assessing & Managing Suicide Risk) trainers from PSP provided 13 AMSR trainings this fiscal year for 220 clinicians, case managers, and nurses in both Directly-Operated programs and Contracted providers. AMSR trains on the 24 core competencies related to suicide risk assessment and reviews safety planning. Provided two Recognizing and Responding to Suicide Risk (RRSR) trainings to 58 participants, both of which were held at the Directly-Operated clinics. Five staff members are qualified as RRSR trainers. RRSR trains on the 24 core competencies as well as safety planning, and provides time for highly interactive discussions and role play for attendees. Participated in the Inter-Agency Council on Child Abuse and Neglect (ICAN)/Department of Children and Family Services (DCFS) Child Suicide Review Team at the Los Angeles County Coroner's Office.

PEI		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
		Coordinated and hosted the Los Angeles County Suicide Prevention Network (SPN) which has recruited over fifty members from a wide variety of organizations and conducts quarterly meetings to increase collaboration and coordination of suicide prevention activities. Quarterly Suicide Prevention Network meetings occurred on the following dates: 9/30/2016, 12/9/2016, 3/17/2017, and 6/9/2017. In an effort to increase capacity for the intensive ASIST training, six LACDMH staff from outside of PSP were trained by LivingWorks to become ASIST trainers, five of whom are now serving as adjunct ASIST trainers working with the PSP team. The goal is for all five of these trainers to complete their certification process during FY 17-18. Sixth Annual Suicide Prevention Summit "Men & Suicide: Asking for Directions": This Summit took place on September 8, 2016 at the California Endowment and was attended by approximately 265 people, including clinicians, school personnel, first responders, and veterans. Workshops included topics related to men in terms of ethnic culture, high-risk professions, veterans, first responders, LGBTQ, and TAY.
2. <u>School Mental Health Project</u> Focuses on school mental health needs to reduce and eliminate stigma and discrimination. The program addresses the high needs of students with developmental challenges, emotional stressors, and various mental health risks and reduces violence at educational institutions through collaborative efforts and partnerships with the community. This is a comprehensive prevention and early intervention program to prevent violence in schools and create a safe learning environment. The services include eliminating	**School Threat Assessment and Response Team (START)** The three main objectives for START are the following: • Prevention and Reduction of targeted school violence in Los Angeles County • Provision of on-going support and assistance to students at risk, their families/caregivers and schools through interventions, trainings, and consultations • Establishment of partnerships with schools, law enforcement, and other involved community organizations	Demographic information on the individuals served is collected. Outcomes have been identified to determine the effectiveness and impact of the program. START has responded to thousands of incidents where law enforcement officials, school authorities and other individuals had concerns about potential violence on elementary school, middles school, high school, and college campuses. In FY 16-17, the School Threat Assessment Response Team (START) continued to play an integral part in the prevention and early intervention of the campus-related violence. Their timely response and initiative in collaboration with school faculty members, law enforcement, and other professionals established the unyielding foundation of the safety network on campus. The efficiency of START's services was evidenced by the reduction of violent and/or suicidal risk scores

PEI		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
substance use and abuse; addressing any trauma experiences; development of school-based crisis management teams; and training. Early screening and assessment of students of concern are provided at the earliest onset of symptoms.		measured respectively by the MOSAIC and the Columbia-Suicide Severity rating Scale (C-SSRS). This accomplishment was achieved by START's dedicated management and clinical staff who put the safety and well-being of our community at large as their top priority. START administered pre- and/or follow-up MOSAIC and C-SSRS assessments periodically to report the risk levels of the 127 consumers whose cases remained open in FY 16-17. Consumers were provided time-limited outreach and triage services given their repeated absence and/or ineligibility for START services.
3. <u>Stigma and Discrimination Reduction Project</u> The purpose of the Early Start Stigma and Discrimination Project is to reduce and eliminate barriers that prevent people from utilizing mental health services by prioritizing information and knowledge on early signs and symptoms of mental illness through client-focused, family support and education and community advocacy strategies. Core strategies have been identified to reduce stigma and discrimination, increase access to mental health services, and reduce the need for more intensive mental health services in the future. The services include: anti-stigma education specifically targeting underrepresented communities through outreach utilizing culturally sensitive and effective tools; educating and supporting mental health providers; connecting and linking resources to schools, families, and community	**Family-focused Strategies to Reduce Mental Health Stigma and Discrimination** The Los Angeles County Alliance for the Mentally Ill is implementing the "Family-focused Strategies to Reduce Mental Health Stigma and Discrimination" experienced by consumers' families and parents/ caregivers	The Los Angeles County Alliance for the Mentally Ill provides prevention services countywide with a focus on reducing mental health stigma and discrimination experienced by family members/caregivers. Services include education about mental health, treatment, medication, and rehabilitation. Additionally, family members have an opportunity to learn communication and coping skills. The program includes a family support bureau training program, parental support services, and consultative services. During FY 16-17, the Adult System of Care (ASOC) Stigma and Discrimination Reduction (SDR) team participated in 56 events in seven out of eight SAs in Los Angeles County Over 1300 LAC community members including families and care-givers of mental health consumers, clergy members and faith based communities, college students and school district staff as well as law enforcement were provided with educational presentations. The SDR team also collaborated with various agencies and programs throughout the County such as Department of Rehabilitation, Department of Public Social Services, US Veterans, Union Rescue Mission, LA Metro, YWCA Greater Los Angeles, and League of Women Voters to name a few.

PEI		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
agencies; and client and family education and empowerment.		
	The Children's Stigma and Discrimination Reduction Project provides trainings to increase public awareness, social acceptance, and inclusion of people with mental health challenges. The Children's Anti Stigma and Discrimination project also known as A Reason to Care and Connect (ARCC), provides education to parents and to the general community through four trainings in both English and Spanish: • It Takes a Community (ITC) • Educate, Equip, and Support (EES) • Youth Mental Health First Aid (YMHFA) • Anti-bullying Presentations	During FY 16-17, 69 trainings on ITC, EES, YMHFA, and Bullying were provided to parents, children, and community members Countywide. It Takes a Community (ITC) is a 10-week course, developed by LACDMH in consultation with Ruth Beaglehole, specifically to reduce stigma, which includes healing and communication tools to promote mental wellness and create a world that is empathic to children. Educate, Equip, and Support (EES) is a 13-week curriculum, developed by United Advocates for Children and Families (UACF), which is a general overview of childhood mental health disorders and strategies aimed at improving the lives of children with mental health needs and their families. It also includes grief and loss, and how to navigate the mental health, juvenile justice, special education and the child welfare systems. Youth Mental Health First Aid (YMHFA), created by the National Council for Behavioral Health is an 8-hour training for parents, neighbors, teachers, and the general community to help a youth (ages 12-18) who is experiencing a mental health or addictions challenge. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Anti-bullying presentations created to raise awareness of the serious problem of bullying within our youth, which includes the importance that the bully, the bullied, and the bystander roles play. It also includes identifying early signs and helpful prevention and intervention strategies on dealing with the three different roles as parents, and as a community member.
	Older Adults Mental Wellness	The OA ASD Team participated in a total of 273 events during FY 16-17, outreaching to

PEI		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
	For the majority of FY 16-17, the Older Adult Anti-Stigma and Discrimination Team (OA ASD) was comprised of a Community Services Counselor, a social work intern, a Community Worker, and a Service Extender. Additional Older Adult System of Care Bureau staff provide assistance, particularly if there is more than one presentation on a given day, or if there is a need for a specific language. The OA ASD Team participated in a total of 273 events during FY 16-17, outreaching to more than 4,519 Los Angeles County residents. This is almost 18% higher than in the previous fiscal year, and can be attributed to these events including countywide educational presentations, community events and collaboration with various agencies.	more than 4,519 Los Angeles County residents. ***Highlights of OA ASD's accomplishments include:*** OA ASD's provided over 262 presentations for seniors throughout the county; participated in four Health Fairs throughout the county; increased number of workshops in SAs; developed and added three new presentations; participated in five Health Fairs throughout the county, one Senior Summit, five groups for "Know the Five Signs" campaign in "A Day To Change Direction"; increased number of workshops in SAs 1 and 8; developed two new presentations "How to be Intelligent about your own Emotions" and "Managing your Stress" to be added to the menu of topics for our Mental Wellness Series.
	Mental Health First Aid (MHFA) This is an interactive 8-hour evidence based training that provides knowledge about the signs and symptoms of mental illness, safe de-escalation of crisis situations and timely referral to mental health services. The use of role-playing and other interactive activities enhance the participants' understanding and skill set to assess, intervene and provide initial help pending referral/linkage to a mental health professional. Participants are also provided information about local mental health resources that include treatment, self-help, and other important social supports.	Through training and education, the Department has been able to show positive results in reducing stigma and discrimination related to mental illness. Surveys were administered at the beginning and at the end of the training to measure changes in attitudes, knowledge, and/or behavior related to stigma and discrimination. 91% of (1008) MHFA training participants either increased their knowledge of stigma or reported no change because they were already knowledgeable on the subject matter. 80% of MHFA training participants also reported that they would advocate for someone living with mental illness. Prior to the training, 99% of participants' total scores were in either the Positive range (499) or Very Positive range (587). At "post" training, 99% of participants were still in either the Positive range (349) or Very Positive range (742). These results are very similar to the results from FY 15-16. In that year, 96% of participants had "pre" scores in either the Positive or Very Positive range and 98% had "post" scores in either the Positive or Very Positive range. Prior to training, 54% of participants' (587) scored in the Very Positive range. At "post", 68% of participants' scored in the Very Positive

PEI		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
		(742), an increase of 14%. Prior to the training, the average total score was in the Positive range; at "post" training, the average total score was in the Very Positive range.
<u>The following Early Intervention programs were identified for implementation through the development of the PEI Three-Year Plan for FY 17-18 to FY 19-20 and are currently in the stages of development:</u> **1. Coordinated Specialty Model for Early Psychosis (CSC-EP)** **Age Group:** Children (12-15), TAY (16-25) **Target Population:** At-risk Youth CSC-EP is a team-based, multi-element approach to treat early psychosis. CSC-EP serves youth experiencing the symptoms of early psychosis including: onset of psychotic symptoms in the past year, subthreshold symptoms of psychosis, and recent deterioration in youth with a parent/sibling with a psychotic disorder. This collaborative, recovery based treatment approach involves consumers and treatment team members as active participants.	The program has been structured to provide service that includes various treatment components that focus on reducing and managing symptoms and distress and improving individuals' ability to achieve success in independent roles. Services include comprehensive clinical assessment, medication management, case management, individual and family psychoeducation and support groups including multifamily therapy, and peer and family advocate support. CSC-EP emphasizes shared decision making as a means for addressing the unique needs, preferences, and recovery goals of individuals with early psychosis. CSC services are also highly coordinated with primary medical care, with a focus on optimizing a client's overall mental and physical health.	
2. Group Individual Psychotherapy (Group IPT) **Age Group:** Children (15), TAY (16-25), Adult (26-59) & Older Adult (60+) **Target Population:** Individuals & Family Under Stress	The similarity in treatment focus fosters rapid development of group cohesion and support. Both are fostered within the group as quickly as possible; later sessions are designed to generalize these skills to the client's family and community, where they can apply them to interpersonal relationships to identify and develop the support they need	

PEI		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
Group IPT is most effective when the group members all have a similar diagnosis or problem area, such as depression, cancer, or PTSD. Groups designed to prevent postpartum depression or depression during pregnancy, or groups for high-risk adolescents would also be highly suitable for treatment with IPT.	during crises, and to resolve interpersonal conflicts or manage difficult transitions or losses.	
3. The Mothers and Babies Course, Mamas Y Bebes **Age Group:** Children (13-15), TAY (16-25), Adult (26-59) & Older Adult (60+) **Target Population:** Individuals & Family Under Stress The explicit goal of the intervention is to help participants create a healthy physical, social, and psychological environment for themselves and their infants. The program is specifically designed to be culturally sensitive and linguistically appropriate for immigrant, low-income Latinas.	Developed in both Spanish and English, prenatal intervention is designed to prevent the onset of major depressive episodes (MDEs) during pregnancy and postpartum. The program consists of a 12-week mood management course and four booster sessions conducted at approximately one, two, six and twelve months postpartum.	
<u>Early Intervention</u> **4. <u>School-based Services Project</u>** (1) Builds resiliency and increases protective factors among children, youth, and their families; (2) identifies as early as possible children and youth who have risk factors for mental illness; and (3) provides on-site services to address non-academic problems that impede successful school progress.	The following five practices have been implemented:	The demographics (including ethnicity, age, and languages spoken) of each participant and improvements in their mental health are tracked and reported through the outcome measures and the IS. ** Indicates this practice has also been implemented in other LACDMH PEI Strategies.*

PEI		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
	1. **ART – Aggression Replacement Training**, designed for use with all ethnic groups, between the ages of five (5) and 17.	*ART – 20 agencies: Consumers were between the ages of five (5) and 17, 62% male (38% female), and 71% of the consumers served were Latino, 17% African American, 7% White, and 4% other.
	2. **CBITS – Cognitive Behavioral Intervention for Trauma in Schools**, designed for use with ethnic minorities and immigrants, between the ages of 10-14; support for use with Latinos, African Americans, and Native Americans.	*CBITS – 11 agencies: 56% of the consumers were between the ages of six and 15, 64% were female (36% male), and 46% of the 11 consumers served were Latino.
	3. **MDFT – Multidimensional Family Therapy**, designed for use with all ethnic groups, between the ages of 11 and 18.	MDFT – One agency: 100% of the consumers were between the ages of six and 15, 20% were male (80% female), and 83% of the 5 consumers served were Latino.
	4. **PATHS – Promoting Alternative Thinking Strategies**, designed for use with all ethnic groups, between the ages of five and 12.	*PATHS – One agency: 98% of the consumers were between the ages of six and 15, 68% were male (22% female), and 77% of the 5 consumers served were Latino.
	5. **SF – Strengthening Families**, designed for use with all ethnic groups, between the ages of three and 16.	SF – One agencies: 62% of the consumers were between the ages of 16 and 25, 53% were male (47% female), and 79% of the 19 consumers served were Latino.
	Integrated School Health Centers (ISHCs) - LACDMH continued providing services through the ISHCs with the Department of Health Services, school districts, community-based organizations, and mental health providers in strategic areas with high percentages of medically underserved residents. A total of 16 ISHCs have been established, with ten being on high school campuses and five at elementary and/or middle schools. These ISHC sites are located in SAs 1, 2, 4, 6 and 7. John C. Fremont High School, one of the ISHC sites located in SA 6, was chosen as a "pilot" site in consultation with LAUSD and the Los Angeles County	

PEI		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
	School Health Policy Roundtable. A focus of this pilot is the significantly large number of students on campus who are served by DCFS and/or are Probation involved youth. This ISHC site has the presence of a school-based Deputy Probation Officer, a functioning Wellness Center (WC) with a robust school-linked service provider network, a Wellness Center Coordinating Council, and a full-time Wellness Coordinator.	
5. <u>Family Education and Support Project</u> Builds competencies, capacity, and resiliency in parents, family members, and other caregivers in raising their children by teaching a variety of strategies.	To date, seven practices have been implemented:	The demographics (including ethnicity, age, and languages spoken) of each participant and improvements in their mental health are tracked and reported through the outcome measures and the IS. ** Indicates this practice has also been implemented in other LACDMH PEI Strategies.*
	1. **CFOF – Caring for Our Families**, designed for Cambodian and Korean immigrant and refugee families, between the ages of five and 11.	CFOF – Four agencies: 76% of the consumers were between the ages of six and 15, 51% were female (49% male), and 54% of the 43 consumers served were Latino.
	2. **IY – Incredible Years**, designed for use with all ethnic groups, between the ages of three and 12.	*IY – 20 agencies: 72% of the consumers were between the ages of six and 15, 68% were male (32% female), and 81% of the 646 consumers served were Latino.
	3. **MAP – Managing and Adapting Practice**, designed for use with all ethnic groups, between the ages of two and 21.	*MAP – 88 agencies: 76% of the consumers were between the ages of six and 15, 56% were male (44% female), and 76.29% of the 7,520 consumers served were Latino.
	4. **MP – Mindful Parenting Groups** designed for use with all ethnic groups, children ages 0-5 years, and for use with gay and lesbian families and biracial couples.	MP – One agency: 100% of the consumers were between the ages of zero and five, 0% were female (100% male), and 34% of the three consumers served were African/African American.
	5. **NFP – Nurse Family Partnership,** designed for use with all ethnic groups, pregnant women with children 0-two	Consumers recruited and enrolled in this LACDMH-funded program represents special populations: stressed families; exposed to violence; foster families; DCFS involved; co-occurring mental health and substance use

PEI		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
	years, and a strong support for African Americans.	issues; signs of severe mental distress or depression; juvenile justice involved (including probation); and criminal justice involved adults (including probation), deaf or hard of hearing, or homeless. There continues to be some difficulty with recruitment of NFP consumers in areas that promote the Welcome Baby program (particularly in SA 6). LACDMH continues to collaborate closely with DPH to support Perinatal Mental Health resource development and workforce capacity building in LA County through involvement in various Perinatal Mental Health Task Force (PMHTF) workgroups and home visitation program networks.
	6. **PATHS** – see Strategy 4.	*PATHS – see Strategy 4
	7. **Triple P – Positive Parenting Program**, designed for use with all ethnic groups, between the ages of 0 and 18. Triple P Levels two and three (prevention) are being implemented by four community-based organizations through PEI funding.	*Triple P – 46 agencies: 70% of the consumers were between the ages of six and 15, 68% were male (32% female), and 75.42% of the 834 consumers served were Hispanic.
	LACDMH funded Legal Entity Provider organizations to provide parenting education and support groups utilizing the **Make Parenting a Pleasure** practice and **Triple P (Levels 2 & 3 prevention)** for parents, family members, and caregivers.	
6. <u>At-Risk Family Services Project</u> 1) Provides training and assistance to families whose children are at risk for placement in foster care, group homes, psychiatric hospitals, and other out of home placements; (2) builds skills for families with difficult, out of control or substance abusing children who may face the juvenile justice	To date, twelve practices had been implemented:	The demographics (including ethnicity, age and languages spoken) of each participant and improvements in their mental health are tracked and reported through the outcome measures and the IS. ** Indicates this practice has also been implemented in other LACDMH PEI Strategies.*

PEI		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
involvement; and (3) provides support to families whose environment and history renders them vulnerable to forces that lead to destructive behavior and the disintegration of the family.		
	1. **BSFT – Brief Strategic Family Therapy**, designed for use with all ethnic groups, between the ages of 10 and 18, support for use with Latinos.	BSFT – one agency: 70% of the consumers were between the ages of six and 15, 70% were female (30% male), and 60% of the 10 consumers served were Latino.
	2. **CPP – Child Parent Psychotherapy** designed for use with all ethnic groups, between the ages of zero and six, strong support for use with Latinos.	*CPP – 48 agencies: 81% of the consumers were between the ages of zero to six and 733, 52% were male (48% female), and 67.12% of the 733 consumers served were Latino.
	3. **FOCUS – Families Over Coming Under Stress**, a family resiliency training for military families, couples, and children who experience difficulties with multiple deployments, injuries, PTSD, and combat operational issues.	FOCUS – 11 agencies: 85% of the consumers were between the ages of six and 15, 56% were male (44% female), and 74% of the 128 consumers served were Latino.
	4. **Group CBT – Group Cognitive Behavioral Therapy for Major Depression**, designed for use with all ethnic groups, ages 18 and older, modified for use with Latinos and African Americans.	*Group CBT – 22 agencies: 71% of the consumers were between the ages of 26 and 59, 67% were female (33% male), and 64% of the 92 consumers served were Latino.
	5. **IY** – see Strategy 5.	* IY – see Strategy 5.
	6. **MAP** – see Strategy 5.	*MAP – see Strategy 5.
	7. **MPAP – Make Parenting A Pleasure**, designed for parent educators of parents and/or caregivers of children ages zero to eight.	MPAP – Currently is being implemented by Legal Entity Providers organizations through PEI funding through Community and Outreach Services (COS).
	8. **MPG** – see Strategy 5.	MPG – see Strategy 5.

PEI		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
	9. **PCIT – Parent Child Interaction Therapy**, designed for use with all ethnic groups, between the ages of three and six. Adapted for use with Latinos.	*PCIT – 48 agencies: 77% of the consumers were between the ages of zero and five, 66% were male (34% female), and 68% of the 1,286 consumers served were Latino.
	10. **RPP – Reflective Parenting Group**, designed for use with all ethnic groups, between the ages of two and twelve.	RPP – Eight agencies: 53% of the consumers were between the ages of zero and five, and another 47% were between the ages of six and 15; 53% were male (47% female), and 68% of the 68 consumers served were Latino.
	11. **Triple P** – see Strategy 5.	*Triple P – see Strategy 5.
	12. **UCLA TTM – Ties Transition Model**, designed for use with all ethnic groups, between the ages of zero and eight.	UCLA TTM – 3 agencies: 56% of the consumers were between the ages of zero and five; 56% were male (44% female), and 59% of the 77 consumers served were Latino.
7. <u>Trauma Recovery Services Project</u> Provides (1) short-term crisis debriefing, grief, and crisis counseling to consumers, family members and staff who have been affected by a traumatic event; and (2) more intensive services to trauma-exposed youth, adults, and older adults to decrease the negative impact and behaviors resulting from the traumatic events.	To date, ten practices have been implemented:	The demographics (including ethnicity, age and languages spoken) of each participant and improvements in their mental health are tracked and reported through the outcome measures and the IS. ** Indicates this practice has also been implemented in other LACDMH PEI Strategies.*
	1. **CORS – Crisis Oriented Recovery Services**, designed for use with all ethnic groups, ages three years and older.	*CORS – 86 agencies: 67% of the consumers were between the ages of six and 15, 53% were male (47% female), and 60% of the 1,236 consumers served were Latino.
	2. **CPP** – see Strategy 6.	*CPP – see Strategy 6.
	3. **DTQI – Depression Treatment Quality Improvement**, designed for use with all ethnic groups, between the ages of 12 and 20.	DTQI – Ten agencies: 66% of the consumers were between the ages of six and 15, 63% were female (37% male), and 82% of the 191 consumers served were Latino.
	4. **Group CBT** – see Strategy 6.	*Group CBT – see Strategy 6.

PEI		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
	5. **Ind CBT – Individual Cognitive Behavioral Therapy**, designed for use with all ethnic groups, ages 16 years and older.	Ind CBT – 90 agencies: 54% of the consumers were between the ages of 26 and 59, 66% were female (34% male), and 58% of the 3,220 consumers served were Latino.
	6. **PCIT** – see Strategy 6.	*PCIT – see Strategy 6.
	7. **PE-PTSD – Prolonged Exposure for Post-Traumatic Stress Disorder**, designed for use with all ethnic groups, ages 18 years and older.	*PE-PTSD – 18 agencies: 55% of the consumers were between the ages of 26 and 59, 33% were female (67% male), and 42% of the six consumers served were Latino.
	8. **SS – Seeking Safety**, designed for use with all ethnic groups, ages 13 years and older.	*SS – 118 agencies: 38% of the consumers were between the ages of 16 and 25, 48% were male (52% female), and 64.23% of the 1,775 consumers served were Latino.
	9. **System Navigators for Veterans**, provided through an MOU with the Department of Military and Veterans Affairs, designed for veterans and their families of all ethnic groups, ages 16 years and older.	System Navigators for Veterans – For FY 16-17, data N/A
8. <u>Primary Care and Behavioral Health Project</u> Provides mental health services within primary care clinics in order to increase primary care providers' capacity to offer effective mental health guidance and early intervention through the implementation of screening, assessment, education, consultation, and referral.	To date, four practices has been implemented:	The demographics (including ethnicity, age, and languages spoken) of each participant and improvements in their mental health are tracked and reported through the outcome measures and the IS. * *Indicates this practice has also been implemented in other LACDMH PEI Strategies.*
	1. **AF-CBT – Abuse Focused Cognitive Behavioral Therapy**, designed for use with all ethnic groups, between the ages of six and 12, strong support for use with African Americans.	AF-CBT – Four agencies: 82% of the consumers were between the ages of six and 17, 60% were male (40% were female), and 82% of the 143 consumers served were Latino.
	2. **IY** – see Strategy 5.	*IY – see Strategy 5.
	3. **MHIP – Mental Health Integration Program**, designed	MHIP – 38 agencies: 62% of the consumers were between the ages of 26 and 59, 73%

PEI		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
	for use with all ethnic groups, ages 18 years and older.	were female (27% male), and 65.70% of the 828 consumers served were Latino.
	4. **Triple P** – see Strategy 5.	*Triple P – see Strategy 5.
9. <u>Early Support and Care for Transition-Age Youth Project</u> Is intended to: (1) build resiliency, increase protective factors, and promote positive social behavior among TAY; (2) address depressive disorders among the TAY, especially those from dysfunctional backgrounds; and (3) identify, support, treat, and minimize the impact for youth who may be in the early stages of a serious mental illness.	To date, four practices have been implemented:	The demographics (including ethnicity, age, and languages spoken) of each participant and improvements in their mental health are tracked and reported through the outcome measures and the IS. ** Indicates this practice has also been implemented in other LACDMH PEI Strategies.*
	1. **ART** – see Strategy 4.	*ART – see Strategy 4.
	2. **IPT – Interpersonal Psychotherapy for Depression**, designed for use with all ethnic groups, ages 12 years and older.	*IPT – 55 agencies: 40% of the consumers were between the ages of 16 and 25, 25% were female (75% male), and 66.49% of the 573 consumers served were Hispanic.
	3. **MDFT** – see Strategy 4.	*MDFT – see Strategy 4.
	4. **SS** – see Strategy 7.	*SS – see Strategy 7.
	LACDMH also provides integrated treatment services of mental health PEI programs through the Co-Occurring Disorders (COD) project at the County's Department of Public Health (DPH) Substance Abuse Prevention and Control (SAPC) Antelope Valley Rehabilitation Center in Action in SA 1. The program serves TAY women with co-occurring disorders who are mothers of children at high-risk of emotional or behavioral problems. The program utilizes Group CBT and Seeking Safety.	

PEI		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
	LACDMH funded five community-based organizations to provide outreach and referral, assessment, anger management and conflict resolution workshops, case management, education, and employment workshops for youth and their caregivers. TAY included those at-risk of substance abuse, on probation or at-risk of juvenile justice involvement and at-risk for school failure.	
10. <u>Juvenile Justice Services Project</u> (1) Builds resiliency and protective factors among children and youth who are exposed to risk factors that leave them vulnerable to becoming involved in the juvenile justice system; (2) promotes coping and life skills to youths in the juvenile justice system to minimize recidivism; and (3) identifies mental health issues as early as possible and provide early intervention services to youth involved in the juvenile justice system.	To date, eight practices have been implemented:	The demographics (including ethnicity, age, and languages spoken) of each participant and improvements in their mental health are tracked and reported through the outcome measures and the IS. ** Indicates this practice has also been implemented in other LACDMH PEI Strategies.*
	1. **ART** – see Strategy 4.	*ART – see Strategy 4.
	2. **CBITS** – see Strategy 4.	*CBITS – see Strategy 4.
	3. **FFT – Functional Family Therapy**, designed for use with all ethnic groups, between the ages of 11 and 18.	*FFT – Eight agencies: 53% of the consumers were between the ages of six and 15, 68% were male (32% female), and 68% of the 120 consumers served were Latino.
	4. **Group CBT** – see Strategy 6.	*Group CBT – see Strategy 6.
	5. **LIFE – Loving Intervention for Family Enrichment**, designed for Latino families with monolingual Spanish speaking parents, between the ages of 10 and 17.	*LIFE – Two agencies: 89% of the consumers were between the ages of six and 15, 33% were male (66% female), and 67% of the three consumers served were Latino.

PEI		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
	6. **MDFT** – see Strategy 4.	*MDFT – see Strategy 4.
	7. **MST – Multisystemic Therapy**, designed for use with all ethnic groups, between the ages of 11 and 18.	MST – Four agencies: 54% of the consumers were between the ages of 16 and 25, 74% were male (26% female), and 69% of the 74 consumers served were Latino.
	8. **TF-CBT** – see Strategy 7.	*TF-CBT – see Strategy 7.
11. <u>Early Care and Support for Older Adults Project</u> Is intended to (1) establish the means to identify and link older adults who need mental health treatment but are reluctant, are hidden or unknown, and/or unaware of their situation; (2) prevent and alleviate depressive disorders among the elderly; and (3) provide brief mental health treatment for individuals. Services are directed at older adults, their family members, caregivers, and others who interact with and provide services to this senior citizen population.	To date, five practices have been implemented for Older Adults:	The demographics (including ethnicity, age, and languages spoken) of each participant and improvements in their mental health are tracked and reported through the outcome measures and the IS. ** Indicates this practice has also been implemented in other LACDMH PEI Strategies.*
	1. **CORS** – see Strategy 7.	*CORS – see Strategy 7.
	2. **Group CBT** – see Strategy 6.	*Group CBT – see Strategy 6.
	3. **IPT** – see Strategy 9.	*IPT – see Strategy 9.
	4. **PEARLS – Program to Encourage Active, Rewarding Lives for Seniors**, designed for use with all ethnic groups, ages 60 years and older, support for use with African-Americans.	PEARLS – 11 agencies: 100% of the consumers were 60+, 100% were male (0% female), and 34% of the 35 consumers served were African American.
	5. **PST – Problem Solving Therapy**, designed for use with all ethnic groups, ages 18 years and older.	PST – 14 agencies: 69% of the consumers were 60+, 69% were female (31% male), and 47% of the 110 consumers served were Hispanic.
12. <u>Improving Access for Underserved Populations Project</u>	To date, four practices have been implemented for underserved populations.	The demographics (including ethnicity, age, and languages spoken) of each participant and improvements in their mental health are

PEI		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
Is intended to (1) build resiliency and increase protective factors among monolingual and limited English-speaking immigrants and underserved cultural populations, lesbian/gay/bisexual/transgender /questioning (LGBTQ) individuals, deaf/hard of hearing individuals, blind/visually impaired individuals and their families; (2) identify as early as possible individuals who are a risk for emotional and mental problems; and (3) provide culturally and linguistically appropriate early mental health intervention services. The programs provide outreach and education as well as promote mental wellness through universal and selective prevention strategies.		tracked and reported through the outcome measures and the IS. ** Indicates this practice has also been implemented in other LACDMH PEI Strategies.*
	1. **Group CBT** – see Strategy 6.	*Group CBT – see Strategy 6.
	2. **NFP** – see Strategy 5.	*NFP – see Strategy 5.
	3. **PE-PTSD** – see Strategy 7.	*PE-PTSD – see Strategy 7.
	4. **TF-CBT** – see Strategy 7.	TF-CBT – see Strategy 7.
13. <u>American Indian Project</u> (1) Will build resiliency and increase protective factors among children, youth, and their families; (2) address stressful forces in children/youth lives, teach coping skills, and divert suicide attempts; and (3) identify as early as possible children and youth who have risk factors for mental illness.	LACDMH implemented TF-CBT, with an adaption for the American Indian population. Mending the Circle (TF-CBT)	The demographics (including ethnicity, age and languages spoken) of each participant and improvements in their mental health will be tracked and reported through the outcome measures and the IS. There was one Legal Entity agency (United American Indian Involvement, Inc.) trained in the this practice and LACDMH Directly Operated Clinic (American Indian Counseling Center)

PEI		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
<u>Prevention</u> **<u>Boys and Girls Club Project Learn</u>** **Age Group:** Children (7-15), TAY (specifically 16-18) **Target Population:** At-Risk Youth This program involves enhancing the educational performance and well-being of low income youth who are at-risk of school failure and involvement with the juvenile justice system. After school program services are offered at Boys and Girls Clubs through teams of local BGCA staff, school staff, parents, and students. In addition to assistance with academic problems, activities focusing on conflict resolution, social and behavioral skills, anxiety and coping skills will be available.	Pending Solicitation	
Domestic Violence and Intimate Partner Violence Service **Age Group:** TAY (16-25), & Adult (26-59) **Target Population:** Vulnerable Communities This is a community-based outreach and engagement, educational prevention program to reduce and/or eliminate domestic abuse, spousal abuse, battering, family violence, and intimate partner violence, patterns and behavior which involves the abuse by one partner against another in an intimate relationship such as marriage, cohabitation, dating or within the family.	Pending Educational awareness for at risk individuals, group and peer support meetings, and educational training for service providers working with victims will be initiated.	

PEI		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
<u>Healthy Idea (identifying Depression, Empowering Activities for Seniors)</u> **Age Group:** Older Adults (60+) **Target Population:** Individuals & Family Under Stress This is a community depression program designed to detect and reduce the severity of depressive symptoms in Older Adults with chronic health conditions and functional limitations. The program incorporates four evidence-based components into the ongoing service delivery of care/case management or social service programs serving older individuals in the home environment over several months. *Program components include screening and assessment of depressive symptoms, education about depression and self-care for consumers and family caregivers, referral and linkage to health and mental health professionals, and behavioral activation. Behavioral activation is a brief, structured approach to help consumers reduce depressive symptoms through increased involvement in meaningful activities, which are pleasurable or reduce stress.	Pending	
<u>Mindful Schools</u> **Age Group:** Children (0-15), TAY (16-25), Adult (26-59) **Target Population:** Individuals & Family Under Stress This is a school-based pilot project that will provide mindfulness training and technical assistance for students, school staff, and parents in school	Pending	

PEI		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
settings ranging from Headstart programs, preschools and Kindergarden to 12 schools. The program results include improved attention, emotional regulation, less reactivity, improved behavior in schools, social skills, stress reduction, reduced anxiety, improved well-being, and better behavior in schools. For teachers the program focuses on reduced stress and burnout.		
Olweus Bullying Prevention Program **Age Group:** Children (5-15), TAY (specifically 16-18) Olweus Bullying Prevention Program is designed to improve peer relations and make schools safer, more positive places for students to learn and develop. Goals of the program include: reducing existing bullying problems among students, achieving better peer relations at school, and preventing the development of new bullying problems. The program is based on an ecological model, intervening with a child's environment on many levels: the individual children who are bullying and being bullied, the families, the teachers and students with the classroom, the school as a whole, and the community.	In progress	Schools have been implementing program since 2011.
PEI Supportive Housing Services **Age Group:** All Ages **Target Population:** Vulnerable Communities The goal of this model is to provide PEI services to the	In progress The SA PEI team will assess the needs for PEI interventions and supportive services in each of the PSH developments based on the population living there, identify appropriate PEI strategies and providers and/or provide the PEI	

PEI		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
residents of Permanent Supportive Housing (PSH) that targets the risk factors with the goal of increasing the protective factors. The model includes a PEI Lead that will coordinate the services along with a team of clinical staff in each Service Area.	services directly. Services will be provided onsite whenever possible, including mentoring/coaching, school help, life skills, and renting skills.	
<u>Positive Action</u> **Age Group:** Children (12-15) & TAY (specifically 16-18) **Target Population:** Strengthening Family Positive Action is an integrated and comprehensive curriculum-based program that is designed to improve academic achievement, school attendance, and problem behaviors such as substance use, violence, suspensions, disruptive behaviors, dropping out, and sexual behavior. It is also designed to improve parent–child bonding, family cohesion, and family conflict.	Pending This strategy is suitable for children at school. It financially advantages as its materials can be downloaded for free.	
<u>Project Fatherhood</u> **Age Group:** Children (0-15), Parents/Caregivers & TAY (specifically 16-18) **Target Population:** Strengthening Family Functioning This program that provides comprehensive parenting skills to men in caregiving roles using an innovative support group model. The program was developed to give urban, culturally diverse caregivers an opportunity to connect with their children and paly a meaningful role in their lives. Project Fatherhood helps fathers to be better parents	Pending training The program continues to be recognized nationally for effectively addressing the problem of absentee fathers. Through psychotherapy, support, parenting education and other services, fathers learn to be more loving, responsible parents and active participants in their children's lives.	

PEI		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
through: individual and family counseling; Group support; Significant others group; Therapeutic activities for children; Preventing child abuse and neglect; and Helping fathers to make healthier decisions in relationships. At the heart of the program is the Men in Relationships Group (MIRG), which provides comprehensive support at no cost for culturally diverse fathers.		
Safe Schools Ambassadors **Age Group**: Children (5-15), TAY (specifically 16-18) **Target Population:** At-risk Youth Safe School Ambassadors (SSA) program is a bystander education program that aims to reduce emotional and physical bullying and enhance school climate in elementary, middle, and high schools. The program recruits and trains socially influential student leaders from diverse cliques and interest groups within a school to act as "Ambassadors" against bullying. A Train-the Trainer program facilitates sustainability of the program in schools.	Pending	
Senior Reach **Age Group:** Older Adults (60+) **Target Population:** Vulnerable Communities Senior Reach is an innovative evidence-based program that provides behavioral health, case management, and wellness services to Older Adults age 60+ and older, who are isolated, frail and in need of support. Senior	Services will be provided by community and faith-based organizations, non-traditional mental health providers, and the County Community and Senior Services.	

PEI		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
Reach focuses on identifying and engaging this high-risk target population via a population-based health intervention model. The program provides counseling and wellness services and trains individuals in the community to identify and refer seniors in need.		
<u>Veterans Community Colleges Outreach and Case Management</u> **Age Group:** TAY (16-25) & Adults (26-59) **Target Population:** Vulnerable Communities The overall goals of the program are to: 1) increase access, coordinate care, and enhance the capacity of multiple organizations to work together in order to achieve better outcomes for military personnel and their families; 2) provide a newly trained cadre of case managers and faculty capable of helping military personnel and their families manage the pressures of combat-related stressors and post-war adjustments; and 3) develop peer support and training/employment opportunities for veterans.	Pending release of Solicitation Services will be provided by veterans to veterans attending Community Colleges in Los Angeles. The collaboration with the colleges will focus on intensive case management as well as access to employment, housing, and mental health resources to veterans who are suffering from PTSD and other emotional issues resulting from combat duty.	
<u>Veterans Mental Health Services</u> **Age Group:** TAY (16-25), Adults (26-59) & Older Adults (60+) **Target Population:** Vulnerable Communities A range of services to Veterans countywide will be expanded and initiated, including services emphasizing peer support, female Veterans services, and suicide	Pending	

PEI		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
prevention, and retreats. Collaboration with and coordination of public and private services, existing Veterans service organizations both in the development and implementation of services will occur with grants from community-based and faith-based organizations working with Veterans. Supportive housing services for Veterans, and their partners.		
<u>Veterans Services Navigators</u> **Age Group:** Children (7-15), TAY (specifically 16-18) **Target Population:** Vulnerable Communities In collaboration with the County Department of Military and Veterans Affairs, this program utilizes military Veterans to engage Veterans and their families in order to identify currently available services, including supports and services tailored to the particular culture, ethnicity, age, and gender identity of those seeking assistance. Staff follow up with Veterans and their families to ensure that they have successfully linked up and received the help they need. The Navigators engage in joint planning efforts with community partners, including Veterans groups, Veterans administration, community-based organizations, other County Departments, intradepartmental staff, schools, health service programs, faith based organizations, self-help and advocacy groups, with the goal of increasing access to mental health services and strengthening the network of services available to Veterans	Pending Staff will assist Veterans and their families by promoting awareness of mental health issues and work towards de-stigmatizing seeking help.	

PEI		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
within and outside the mental health system.		
<u>Why Try Program</u> **Age Group:** Children (7-15), TAY (specifically 16-18) **Target Population:** Vulnerable Communities The Why Try Program is a resilience education curriculum designed for dropout prevention, violence prevention, truancy reduction, and increased academic success. It is intended to serve low income, minority students at risk of school failure, dropping out of school, substance use/abuse, and/or juvenile justice involvement.	Pending Why Try will include solution-focused brief therapy, social and emotional intelligence, and multisensory learning. It utilizes a series of ten visual analogies that teach important life skills (e.g., decisions have consequences; dealing with peer pressure; obeying laws and rules; plugging in to support systems)	

Additional detailed information regarding PEI is available (***See Attachment 2: MHSA Three Year Program & Expenditure Plan, FY 17-18 through FY 19-20***).

Underserved Cultural Communities (UsCC) subcommittees

LACDMH has implemented six UsCC subcommittees dedicated to working with the various underserved populations in order to address their mental health needs. These groups are: African/African American (AAA); AI/AN; API; Eastern European/Middle Eastern (EE/ME), Latino; and LGBTQI2-S. Every fiscal year, each of the UsCC subcommittees identifies capacity-building projects that will increase outreach and engagement, service accessibility, and penetration rates for UsCC communities.

AAA

Black Male Mental Health Awareness Campaign

This project increased mental health awareness and spread learning through community presentations in Los Angeles County. The project outreached to Black males 16 years old and older via community presentations.

African American Women Leadership and Wellness Mental Health Outreach Project

The objective of this project was to engage and empower African American women to seek mental health services. This was a countywide advocacy, leadership, holistic wellness, spirituality and mental health outreach

project for African American women ages 18 years and older. It aimed to break down stigma related to mental health services among African American women.

African Immigrants and Refugees Mental Health Outreach Projects
This was a mental health outreach project for African immigrants and refugees from Nigeria, Somalia, Ethiopia, Liberia, and Ghana. The purpose of this project was to outreach and provide mental health awareness, education, linkage and referral services to these underserved groups in a non-stigmatized manner using culturally sensitive techniques designed to improve and sustain their quality of life.

AAA Mental Health Informational Brochures
Brochures were used to outreach and engage underserved, inappropriately served, and hard-to-reach AAA ethnic communities such as African American, African immigrants, and Pan-African community members. The brochures were used to educate and inform these ethnically diverse communities on the benefits of utilizing mental health services and provided referrals and contact information. The informational brochures were translated into two different African languages: Amharic and Somali.

Life Links: Resource Mapping Project
This project has been continued for four consecutive years since the initial implementation. Funds were allocated to develop a community resource directory called Life Links. Community resources, service providers, and agencies were identified in South Los Angeles County, where there is a large African/African American (AAA) population. This directory, of approximately 300 services and listings of unique interest to specific cultural groups, includes names, addresses, contact information, hotlines, and toll-free numbers. This community resource directory has been updated four times and the fifth reprint is scheduled for June 2018.

AI/AN

AI/AN TV and Radio Media Campaign
The AI/AN UsCC subcommittee funded a TV and Radio Media Campaign for FY 16-17. The campaign was launched on May 4, 2017 and was completed on July 2, 2017. The AI/AN commercials were aired on CBS, KCAL, and KNX 1070.

AI/AN Bus Advertising Campaign
This was a bus advertising campaign that took place for 24-weeks from March through August of 2017. It included the following: 40 taillight bus displays, 10 king-size bus posters, and 800 interior bus cards. The goal of this advertising campaign was to promote mental health services, increase the capacity of the public mental health system in Los Angeles County,

increase awareness of the signs and symptoms of mental illness, and reduce the stigma associated with mental health conditions for the AI/AN community. This 24-week advertising campaign educated and provided linkage and referrals to AI/AN community members.

The 2017 American Indian / Alaska Native Mental Health Conference: "Bridging the Gaps – Systems, Cultures, and Generations."

The purposes of the conference were to inform participants of mental health issues unique to the AI/AN community, to improve participants' ability to recognize when to refer an AI/AN community member for mental health services, to provide participants with useful information on available mental health resources for AI/AN community members, and to improve participants' ability to provide culturally appropriate mental health treatment to AI/AN consumers. The conference date was in November, 14, 2017.

API

The Multimedia Mental Health Awareness Campaign for the Cambodian and Vietnamese Communities

This project was implemented on September 1, 2016 and completed on September 30, 2017. The Multimedia Mental Health Awareness Campaigns included linguistically and culturally appropriate mental health education and engagement workshops and an ethnic media campaign, including mental health awareness Advertisements (Ads) on Television and Radio and Newspaper articles that targeted the Cambodian and Vietnamese communities in Los Angeles County. The purpose of this project was to increase awareness and knowledge of the signs and symptoms of mental illness, and for improved access to mental health services for the Cambodian and Vietnamese communities in Los Angeles County.

The Samoan Outreach and Engagement Program

In 2017, LACDMH utilized CSS funds to continue the Samoan Outreach and Engagement Program in order to increase awareness of mental illness, knowledge of mental health resources and decrease stigma related to mental health in the Samoan community. LACDMH contracted with Special Services for Groups (SSG) who partners with two Samoan community-based agencies to conduct individual and group outreach and engagement activities with the Samoan community in Service Area 8, which has the largest concentration of Samoans within the County of Los Angeles.

EE/ME

Mental Health Education and Stigma Reduction Project for Arabic Speaking College Students

This project was funded to increase mental health awareness, and reduce disparities among Arabic-speaking community members in the County of Los Angeles. It was implemented on September 15, 2016 and continued

until June 19, 2017. The project included presentations conducted at local colleges and universities, with the goal to increase awareness and educate Arabic speaking college students (ages 18-30) about mental health, recognition of mental health signs and symptoms and how to access services from Los Angeles County Department of Mental Health.

The Armenian Talk Show Project Part II
This project consisted of forty-four (44) LACDMH approved mental health TV talk shows to inform the Armenian community about common mental health issues and how to access services in the County of Los Angeles. The Armenian Talk Show Project Part II included mental health topics such as eating disorders, terminal illness and mental health, intergenerational conflict, mental illness and family support, and caregiver stress. This project provided an opportunity for the Armenian Community to be further educated and informed of the mental health issues that are currently impacting their community. These shows also provided the viewers with linkage and information about mental health services in the County of Los Angeles, including the LACDMH 24-hour ACCESS line phone number.

Farsi Peer-Run Outreach Project
This project trained Farsi speaking volunteers to conduct mental health presentations and provide linkage and referral services. The purpose of the project was to assist Farsi speaking community members in need of mental health services since they were unable or unwilling to obtain the information and resources due to stigma, lack of education or awareness, and/or language barriers. The project included a 20-hour training curriculum to train Farsi speaking volunteers to conduct the mental health presentations. These volunteers were trained to become Peer Outreach Workers.

Mental Health Farsi Language Radio Media Campaign
This project consisted of producing and airing three (3) different Public Service Announcements (PSA) in the Farsi language. The PSAs aired on a Farsi radio station five to eight times daily, from May 4, 2017 to July 30, 2017. The PSAs targeted Iranian/Persian communities of Los Angeles County. Each PSA provided culturally sensitive information, education, and resources about a specific mental health topic. The topics presented in the project were the following: mental health awareness and domestic violence.

Mental Health Russian Language Television Media Campaign
This project consisted of four different PSAs in the Russian language. The purpose of the project is to educate the Russian community and increase awareness of the signs and symptoms of mental illness, as well as reduce the stigma associated with mental health conditions. The PSAs informed consumers of existent mental health issues in the Russian community and resources available within the LACDMH.

Latino

Latino 2017 Mental Health Awareness Media Outreach Campaign

For FY 16-17, the Latino UsCC subcommittee funded an additional Television and Radio Media Campaign. Univision Communications, Inc. was contracted to launch the Media Campaign that included TV, Radio and Digital elements. The project was launched on May 1, 2017 and was completed on July 16, 2017. The commercials were aired on KMEX television station and KLVE, KRCD, and KTNQ radio stations.

Latino UsCC Bus Advertising Campaign

For FY 16-17, the Latino UsCC subcommittee funded a Bus Advertising Campaign to promote mental health services, increase the capacity of the public mental health system and reduce stigma.

LGBTQI2-S

LGBTQI2-S Radio Media Campaign

The LGBTQI2-S UsCC subcommittee funded a Radio Media Campaign for FY 16-17. The campaign was launched on May 4, 2017 and was completed on July 2, 2017. The LGBTQI2-S commercials were aired on KNX 1070, KRTH 101, KCBS FM 93.1, KROQ 106.7, KAMP 97.1, and 94.7 The Wave.

Community Mental Health Needs Assessment

The objective of the project was to outreach and engage people of color within the LGBTQI2-S population into a discussion regarding the needs of the community, as well as reduce stigma associated with mental health services. Additionally, this project aimed to increase awareness of the mental health needs of LGBTQI2-S individuals, increase connections with mental health providers, and provide opportunities to address concerns about mental health services. This project targeted both leaders and providers within the LGBTQI2-S community, as well as community members.

Speak Your Mind Academy

The objective of the LGBTQI2-S Youth Speak Your Mind Academy Mental Health Outreach Project was to engage, empower, enlist, and enlighten the LGBTQI2-S Youth community, as well as to promote mental health services, reduce stigma, and increase the capacity of the public mental health system in Los Angeles County. The project included two components: training of 50 LGBTQI2-S Youth Advocates and, once trained, the Advocates conducted two community mental health presentations. The Academy covered basic mental health education including common diagnoses and symptoms, the power of advocacy, storytelling and public speaking, crisis identification/resolution, and outreach and engagement.

UsCC		
Strategies and Activities	**Status and Progress**	**Monitoring/ Outcomes/Findings**
AAA		
1. Black Male Mental Health Awareness Campaign	Completion Date: 5/31/2017	A total of 144 community members attended a community Town Hall meeting to discuss the mental health needs of Black males ages 16 and older. Of those who attended the Town Hall meeting, 19 Black males were recruited and trained on basic mental health education. After their training, they became Community Advocates for Mental Health. Once trained, the Community advocates for Mental Health conducted a total of 12 different countywide community presentations between February 20, 2017 and May 19, 2017. A total of 318 community members attended the mental health presentations conducted by the Community Advocates and learned about basic mental health issues affecting Black males and how to access mental health services.
2. African American Women Leadership and Wellness Mental Health Outreach Project	Completion Date: 7/28/2017	A total of 24 countywide community workshops were conducted on basic mental health education and wellness activities that incorporated spirituality & traditional cultural practices. A total of 128 community members participated in the workshops. A Mental Health Resource Guide was distributed during the workshops to encourage community members to access mental health services. The workshops took place in schools, churches, counseling agencies, universities, and community based organizations.
3. African Immigrants and Refugees Mental Health Outreach Projects	Completion Date: 6/30/2017	By implementing grassroots outreach and engagement methods, 15 community mental health workshops were completed. A total of 400 community members, who identified as Nigerian, Somali, Ethiopian, Liberian, and/or Ghanaian were outreached as a result of this project. Overall, this

UsCC		
Strategies and Activities	**Status and Progress**	**Monitoring/ Outcomes/Findings**
		project engaged and empowered African immigrants and refugees, who may have a history of pre and post migration trauma as a result of political conflicts in their country of origin. The project enabled underserved and marginalized African immigrant groups to access mental health service for themselves and empower other members of their communities to access services.
4. AAA Mental Health Informational Brochures	Completion date: On-going	5000 Brochures were printed and distributed Countywide in a period of two months.
5. Life Links- Resource Mapping Project	Completion date: On-going	7000 booklets were printed on December 2016 and were distributed by May 2017. There is an on-going demand to reprint the Life Links Resource Guide.
AI/AN 1. AI/AN TV and Radio Media Campaign	Completion date: 7/2/2017	KCAL and CBS ran a total of 542 commercials, Billboards, and Snipes. These commercials reached 85.7% of the Los Angeles Households with 37,742,000 Impressions. These Households saw the TV exposure with a frequency of 2.9 times. KNX 1070 ran a total 671 commercials and 260 streaming commercials. Of these, 98 were included as added value. The radio commercials delivered 21,668,000 Impressions and reached 2,870,400 unduplicated adults an average of 9.7 times during the campaign period. The digital ad banners and streaming on the companion cbsla.com website provided 611, 296 Impressions.
2. AI/AN Bus Advertising Campaign	Completion Date: 8/31/2017	A total of 28,128,300 impressions were delivered. Advertising took place primarily in the following cities: Bell, Bell

UsCC		
Strategies and Activities	**Status and Progress**	**Monitoring/ Outcomes/Findings**
		Gardens, Cerritos, City of Commerce, Downtown Los Angeles, Gardena, Long Beach, Los Angeles, Santa Fe Springs, South Gate, and Whittier.
3. One of the recommendations of the AI/AN UsCC subcommittee was to plan and coordinate the 2017 American Indian/ Alaska Native Mental Health Conference: "Bridging the Gaps – Systems, Cultures, and Generations."	Conference Date: 11/14/2017	
API 1. The Multimedia Mental Health Awareness Campaign for the Cambodian and Vietnamese Communities	Completion Date: 9/30/2017	It is anticipated that by September 30, 2017, 22 mental health education workshops were completed, 11 in Khmer for the Cambodian community and 11 in Vietnamese for the Vietnamese community.
2. The Samoan Outreach and Engagement Program	This is on-going project.	This program completed its second year of implementation on June 30, 2017 during which 483 mental health education workshops were conducted and 2,182 individuals were reached. Workshop activity topics included mental health awareness, stress management, depression, peer pressure, grief and loss, mental health myths and facts, mental health stigma, mental health resources, and suicide. Most of the activities were provided in Samoan (51%). Activities were held at various community locations including: churches (61% of activities), community member homes (18%), Samoan agency offices, community centers, and other community locations (parks, etc.). Attendees were mostly adults (84%), females (59%), and Samoans (94%) who speak English as their primary language (55%).

UsCC		
Strategies and Activities	**Status and Progress**	**Monitoring/ Outcomes/Findings**
EE/ME 1. Mental Health Education and Stigma Reduction Project for Arabic Speaking College Students	Completion Date: 6/19/2017	In total, these presentations were conducted by college students (using a Peer-to-Peer model), who were trained by a mental health expert. Some of the topics presented in the project were the following: anxiety, depression, mental health awareness, and mental health stigma. This project educated Arabic speaking college students who may need mental health services, but are unable or unwilling to access these services due to stigma, lack of education and awareness, and/or cultural/religious barriers. seventeen (17), one (1) hour mental health presentations were conducted at local colleges and universities across Los Angeles County. Eight (8) Arabic speaking college students were recruited and trained on basic mental health education. The students were provided with a total of 6 hours of training. The presentations took place at University of Southern California, Cal Poly Pomona, University of California, Los Angeles, and Glendale Community College. There were also presentations conducted at a local mosque. Attendees of these presentations were asked to complete a pre and posttest survey to capture the level of knowledge gained and if their attitude towards mental health changed. A total of 103 matched pair (pre and post) surveys were collected. The post-test results indicated that the participants had an increase in knowledge about mental health issues and there was a positive improvement in their attitude toward mental health. The post-test results indicated that after attending a mental health presentation, most students reported that they would feel more comfortable living next door to a person with a mental illness. The results of the pre and posttest indicated a positive shift in the attitude toward

UsCC		
Strategies and Activities	**Status and Progress**	**Monitoring/ Outcomes/Findings**
		receiving psychotherapy among all those students who participated and completed the surveys. In general, the presentations had a positive impact on the Arabic Speaking Students. Many of the participants were grateful to have learned about the most prevalent mental health issues. Due to the knowledge gained from the presentations, participants reported an understanding of some basic mental health symptoms, and ability to recognize when to ask for mental health assistance for themselves and/or someone else. A total of 112 students participated in the community presentations and their age ranged from age 14 to 42.
2. The Armenian Talk Show Project, Part II	Completion Date: 5/31/2017	The mental health shows had great success within the Armenian community living in Los Angeles County. Between September 16, 2016 and April 5, 2017, a total of forty-four half an hour mental health shows aired on the local Armenian television station. Based on the feedback provided by T.V. viewers, Armenian community members felt that the talk shows were culturally relevant, educational, and thought-provoking. The community expressed gratitude for airing the reruns of this show and reported that it expanded their knowledge regarding mental health, how these issues present within the Armenian Community, and how community could access services from LACDMH. It was reported by LACDMH's 24/7 ACCESS line that Armenian community members were calling and asking to speak with the clinical psychologist who served as a co-host of these shows. The most popular forty-four episodes of the Armenian Mental Health Show from two seasons were re-aired from April 15, 2017 to September 9, 2017. The shows were broadcasted in areas in the

UsCC		
Strategies and Activities	**Status and Progress**	**Monitoring/ Outcomes/Findings**
		County of Los Angeles with the largest concentration of Armenians such as La Canada, Burbank, North Hollywood, Glendale, Pasadena, Los Angeles, and Montebello.
3. Farsi Peer-Run Outreach Project	Completion Date: 6/1/2017	Due to this training, the community members had the opportunity to work with and learn from someone (peer) from their community, who speaks Farsi and has an understanding of the cultural barriers to accessing mental health services. A total of 60 presentations were completed by the volunteers. The pre and post survey questionnaires were provided at the beginning and at the end of the presentations. It included 5 closed ended questions. A total of 407 matched pair (pre and post) surveys were collected. The pre-tests indicated that the majority of the community members (56%) either "disagreed," "strongly disagreed" or had "no opinion" in regards to therapy being as beneficial for healthy, stable, successful people, as much as it is for people suffering from serious mental illness. In contrast, the post tests indicated a high number of participants (96%) who "strongly agreed" or "agreed" with this same statement. The pre-tests also indicated that a large number of community members (97%), did not know the difference between psychologists, therapists, psychiatrists, and social workers. Additionally, they were not aware of two places where they can find affordable mental health services that are culturally and linguistically appropriate for them (97%). In contrast, the post-tests indicated that the majority of participants (90%) had gained knowledge about the differences between mental health professionals. Also, 98% had gained

UsCC		
Strategies and Activities	**Status and Progress**	**Monitoring/ Outcomes/Findings**
		knowledge on where to access culturally and linguistically appropriate mental health services. In regards to "accessing mental health services is not a sign of weakness," again, the pre-tests indicated that only 16% of participants either "agreed" or "strongly agreed" with this statement; while the post-tests indicated that the overwhelming majority (98%) either "agreed" or "strongly agreed" with this statement. The pre-tests indicated that the majority of participants (66.5%), either had "no opinion," "strongly disagreed," or "disagreed" with the statement that "problems like depression and anxiety can get better if a person attends therapy;" while the vast majority (90%), indicated in post-tests that they "strongly agreed" or "agreed" with this statement. The results indicated that the majority of Farsi-speaking community members had little information about mental health, and there is cultural stigma related to mental illness and accessing mental health services. However, after the peer-run presentations were completed, majority of participants had a better understanding about mental health services and where to access these services in their communities. A total of 415 community members participated in the presentations.
4. Mental Health Farsi Language Radio Media Campaign	Completion Date: 7/30/2017	The PSAs had a large impact on the Farsi speaking community. According to the ACCESS Center Language Line report, there was a significant increase in calls from Farsi speaking community members during the months of May 2017, June 2017, and July 2017. The PSAs were aired in July 2017. The purpose of this Farsi language PSA project was to provide mental health education and information to the Farsi speaking

UsCC		
Strategies and Activities	**Status and Progress**	**Monitoring/ Outcomes/Findings**
		community on how to access mental health services, particularly as stigma, lack of education and language barriers continue to be obstacles for this underserved community. There were a total of 31 Farsi speaking calls for the first four months of 2017 (January – April) and for May 2017 alone, there were 49 calls, 44 calls in June of 2017, and 25 calls in July of 2017. The PSAs offered the Farsi speaking community members the opportunity to learn of the services offered by Los Angeles County Department of Mental Health and it helped to increase awareness about several mental health issues within this community.
5. Mental Health Russian Language Television Media Campaign	Completion Date: 7/29/2017	As reported the PSA's aired in a rotation and one PSA aired at least six times a day for three months, from April 25, 2017 to July 29, 2017, between the hours of 7 a.m. and 11 p.m. The airing of the Russian PSAs had a great impact on the Russian and Russian-Armenian community. Four PSAs aired six times a day between April 25, 2017 and July 29, 2017. They received many calls from viewers requesting information and referrals regarding the services offered by LACDMH.
Latino 1. Latino 2017 Mental Health Awareness Media Outreach Campaign For FY 16-17, the Latino UsCC subcommittee funded an additional Television and Radio Media Campaign. Univision Communications, Inc. was contracted to launch the Media Campaign that included TV, Radio, and Digital elements. The project was launched on May 1,	Completion Date: 7/16/2017	KMEX ran a total of 138 television commercials, a 2-day Homepage takeover and a social media marketing component that included banner videos. KLVE, KRCD, and KTNQ radio stations ran 501 commercials, and a 2-day Homepage takeover and social media. In addition, 3-minute live interviews with LACDMH Ethnic Service Manager (ESM) focusing on

UsCC		
Strategies and Activities	**Status and Progress**	**Monitoring/ Outcomes/Findings**
2017 and was completed on July 16, 2017. The commercials were aired on KMEX television station and KLVE, KRCD, and KTNQ radio stations.		various mental health topics were aired weekly on Dr. Navarro's program at KTNQ – 1020 Radio Station for nine (9) weeks from May 11, 2017 through July 2, 2017. Another 30-minute interview was aired on four (4) radio stations on June 12, 2017 and June 25, 2017. The KMEX report shows that the television campaign delivered a total of 14,501,956 Impressions (the total number of times households were exposed to the commercials). The KLVE, KRCD, and KTNQ reports show that the radio campaign delivered a total of 12,200 impressions. The digital campaign delivered 1,106,234 impressions. A gross total of 15,620,390 Impressions were delivered from viewers and listeners. The media campaign reached millennials via digital, KLVE Motivational Monday social media posts and homepage takeovers via Univision.com and at the same time personally touched the 25-54 age group with their message on KMEX news and novellas. Dr. Navarro reported that the interviews with the LACDMH ESM were very well received by the community. His program had many calls from the community requesting the ESM's contact information. Callers were provided the LACDMH Access Center, 24/7 phone line information.
2. Latino UsCC Bus Advertising Campaign: For FY 16-17, the Latino UsCC subcommittee funded a Bus Advertising Campaign to promote mental health services, increase the capacity of the public mental health system, and reduce stigma.	Completion Date: 10/8/2017	The campaign began on February 27, 2017 and ended on October 8, 2017. It included the following: 172 taillight bus displays, 56 king-size bus posters, and 4,000 interior bus cards for a total of 32 weeks (that included an additional 2,000 interior bus cards for 12 weeks at no additional cost). The campaign delivered a total of 21,919,004 impressions.

UsCC		
Strategies and Activities	**Status and Progress**	**Monitoring/ Outcomes/Findings**
LGBTQI2-S 1. LGBTQI2-S Radio Media Campaign	Completion Date: 7/2/2017	In total, 878 commercials were aired. KAMP 97.1 ran 136 commercials, KCBS 93.1 ran 132 commercials, KNX 1070 ran 161 commercials, KROQ 106.7 ran 129 commercials, KRTH 101 ran 136 commercials, and 94.7 The Wave ran 184 commercials. The combined radio campaign reached an estimated 7,664,200 people. 73.8% of the Los Angeles County population was reached an average of 4.3 times. Total radio Impressions were 32,244,000. The digital display banners on the companion websites to the radio stations delivered approximately 1,530,607 Impressions. The audio streaming commercials delivered an additional 1,000,576 Impressions (2,531,183 digital Impressions total).
2. Community Mental Health Needs Assessment	Completion Date: 9/30/2017	The project included two components: a Community Leaders Forum made up of leaders and providers who were brought together into a learning collaborative to discuss the needs of the community, as well as seven focus groups made up of people of color within the LGBTQI2-S community with the purpose of assessing the needs of LGBTQI2-S individuals, identifying gaps in access to mental health services, and identifying how to engage community members into mental health services provided by LACDMH. Individuals were recruited from the following six communities: African-American, American Indian/Alaska Native, Armenian, Asian Pacific Islander, Iranian, Latino. Seven focus groups were conducted in total. A total of 61 people participated in the focus groups – 10 African American participants, 10 American Indian/Alaska Native, nine Armenian, 12 Asian Pacific Islander, 11 Iranian, and nine Latino. The participants ranged in age from 18

UsCC		
Strategies and Activities	**Status and Progress**	**Monitoring/ Outcomes/Findings**
		to 60 and were representative of a broad gender spectrum. The Community Leaders Forum took place on 8/24/2017 and was attended by 20 community leaders, providers, and community members. As a result of the focus groups, numerous barriers were identified with regards to access to mental health services: stigma, transgenerational trauma, and limited availability of resources. Recommendations were given related to engagement and marketing including developing culturally relevant materials, marketing on cultural and ethnic television stations and networks, marketing on social media for younger generations, conducting outreach at universities and schools, and attending culturally significant events such as pow wows. Additionally, recommendations were given for the upcoming LGBTQI2-S Mental Health Conference being hosted by LACDMH. These recommendations included making the conference free to attend for community members, conducting intergenerational panels, providing information on how to address and treat transgenerational trauma, addressing homelessness, and many others.
3. Speak Your Mind Academy: The objective of the LGBTQI2-S Youth Speak Your Mind Academy Mental Health Outreach Project was to engage, empower, enlist, and enlighten the LGBTQI2-S Youth community, as well as to promote mental health services, reduce stigma, and increase the capacity of the public mental health system in Los Angeles County. The project included two components: training of 50 LGBTQI2-S Youth Advocates and, once trained, the Advocates conducted two community mental	Completion Date: 1/31/2018	A total of 23 LGBTQI2-S Youth were trained to become Mental Health Advocates and graduated from the Speak Your Mind Academy. A total of 38 community presentations were completed by 10 of the Advocates. The presentations took place in all eight Service Areas. A total of 259 community members attended the presentations. Participants of the presentations were asked to complete a survey/evaluation at the end of the presentation. In total, 132 surveys were completed and were overall very favorable. Resources were provided at the presentations and included mental

UsCC		
Strategies and Activities	**Status and Progress**	**Monitoring/ Outcomes/Findings**
health presentations. The Youth Advocates were to be aged 18-25 years and from all eight Service Areas. The LGBTQI2-S Youth Advocates were individuals who identified as LGBTQI2-S and who had limited or no experience with LACDMH mental health services. The Academy covered basic mental health education including common diagnoses and symptoms, the power of advocacy, storytelling and public speaking, crisis identification/resolution, and outreach and engagement.		health resources, social support resources, and physical health resources.

WET Division

The WET Division coordinates the majority of Department-wide training offerings both to Directly Operated and Contracted programs. A substantial number of training offerings are led and directly coordinated by the Age Group-based Systems of Care (e.g., Children, TAY, Adult, and OA) and other Bureaus. The WET Division is tasked with full responsibility for the implementation of the MHSA–WET Plan in Los Angeles County.

MHSA WET funded projects are focused on at least one of the following:

- Integration of consumers, family members, and parent advocates/parent partners into the public mental health workforce at the peer, paraprofessional, and professional levels
- Retention of current skilled workforce and recruitment of future workforce, with priority afforded to individuals that represent an unserved or underserved population and/or speak a needed language
- Outreach to community partners, such as community colleges and faith-based leaders/organizations, to build collaborations and address stigma often associated with mental illness, while creating partnerships with community based organizations that may create an additional way for consumers to enter the public mental health system
- Train the mental health workforce about the consumer culture and the promotion of hope, wellbeing, and recovery
- Culturally responsive and linguistic enhancement of interpreters and the clinicians that utilize them

Licensure Preparation Program (LPP)

Examples of WET programs that focus on staff retention and Skill Development. LPP funds licensure preparation study materials and workshops for unlicensed

Social Workers, Marriage and Family Therapists, and Psychologists. All accepted participants must be employed in the public mental health system and have completed the required clinical hours to take the mandatory Part I and Part II of the respective licensure board examinations. The Program continued with no changes for FY 16-17.

Health Navigator Skill Development Program

This program trains individuals (peer advocates, community workers, and medical case workers) on knowledge and skills needed to assist consumers to navigate and advocate for themselves in both the public health and mental health systems. This 52-hour course uniquely incorporates a seven-hour orientation for participants' supervisors and is intended to support the participants' navigator role. This program continued with no significant changes during FY 16-17.

Intensive Mental Health Recovery Specialist Training Program

The Intensive Mental Health Recovery Specialist Training Program prepares consumers and family members who possess a Bachelor's degree, advanced degree, or equivalent certification to work in the field of mental health as psycho-social rehabilitation specialists. This 12-16-week program is delivered in partnership with mental health contractors and the local community colleges. Successful completion of this program ensures that participants are qualified to apply for career opportunities in the public mental health system.

Interpreter Training Program (ITP)

The ITP offers trainings for bilingual staff who currently perform or are interested in performing interpreter services for English-speaking mental health providers. The use of linguistically and culturally competent interpreters is important to bridging the language and cultural gap in the delivery of services in public mental health. This training opportunity consists of the following options: a three-day "Introduction to Interpreting Training"; "Advanced Interpreting Training"; and provider-focused training for monolingual English-speaking staff entitled "How to Use Interpreters in a Mental Health Setting."

Parent Advocates/Parent Partners Training Program

This program is designed to enhance knowledge and technical skills to Parent Advocates/Parent Partners who are committed to: 1) Working with families with children experiencing mental health issues; 2) supporting the employment of parents and caregivers of children and youth consumers in the public mental health system; and 3) promoting resilience and sustained wellbeing.

Expanded Employment and Professional Advancement Opportunities for Family Members in the Public Mental Health System

These trainings prepare family members of consumers to develop or augment skills related to community outreach, advocacy, and leadership and decrease barriers to employment. These trainings include such topics as public speaking, navigating systems, and resource supports for consumers and families. This

program is funded with the intent to target/outreach family members about mental health services in the community meeting the objective of the program outline in the MHSA-WET Plan.

Mental Health Career Advisors
This program is designed to fund career advisor services in the effort to meet the workforce needs of the public mental health system. Services include: The provision of ongoing career advice, coordination of financial assistance, job training, mentoring, tutoring, information sharing, and advocacy. The Mental Health Career Advisors will essentially function as a one-stop shop for upward career mobility.

Stipend Program for Psychologists, Social Workers, Marriage and Family Therapists, Psychiatric Nurse Practitioners, and Psychiatric Technicians
LACDMH provides 2nd year students with education stipends in the amount of $18,500 in exchange for a contractual obligation to secure employment in a hard-to-fill area of the county for a minimum of one year. This program targets students who are linguistically and/or culturally able to serve the traditionally unserved and underserved populations of the County. In addition to the stipends, six post-doctoral fellows were likewise funded.

UsCC Graduate Recruitment Program
This program funds master level degrees in social work, marriage and family therapy, or professional clinical counseling for individuals from unserved/underserved groups (e.g. AAA, AI/AN, API, EE/ME, and Latino). Payback service commitments are required at an outpatient mental health site providing full-time direct clinical services to the unserved/underserved communities.

Please refer to Criterion 6 for additional details on these and other WET strategies.

WET		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
1. Public Mental Health Workforce Immersion into MHSA **–** This program has availed public mental health staff (i.e., clerical, clinical staff to program administrators) to attend a three-day immersion program that focuses on the tenets of MHSA. Training participants are provided a first-hand experience of the MHSA tenets as consumers share their personal recovery journey during this	Services to begin FY 17-18.	A Purchase Order was secured during the closing of FY 16-17, with services beginning FY 17-18.

<table>
<tr><th colspan="3">WET</th></tr>
<tr><th>Projects/Activities/Strategies</th><th>Status/ Progress</th><th>Monitoring/ Outcomes/Findings</th></tr>
<tr><td>training. Upon completion, staff is expected to acquire an understanding of the recovery oriented approach and to also incorporate such concepts into practice in their work in the public mental health system.</td><td></td><td></td></tr>
<tr><td>2. <u>Licensure Preparation Program (LPP)</u> – This program funds licensure preparation study materials and workshops for unlicensed social workers, marriage and family therapists, and psychologists. All accepted participants must be employed in the public mental health system and have completed the required clinical hours for taking the mandatory Part I, and thereafter Part II of the respective licensure board examinations.</td><td>Program continues through FY 17-18.</td><td>
<table>
<tr><th colspan="6">FY 16-17</th></tr>
<tr><th>EXAM</th><th>Registered</th><th>Threshold Language (not English)</th><th>UREP</th><th>PASS</th><th>FAIL</th></tr>
<tr><td>MSW – Part I</td><td>176</td><td>121</td><td>133</td><td>51</td><td>2</td></tr>
<tr><td>MSW – Part II</td><td>117</td><td>76</td><td>89</td><td>48</td><td>2</td></tr>
<tr><td>MFT – Part I</td><td>97</td><td>55</td><td>66</td><td>29</td><td>1</td></tr>
<tr><td>MFT – Part II</td><td>73</td><td>49</td><td>57</td><td>22</td><td>2</td></tr>
<tr><td>Psych – Part I</td><td>23</td><td>23</td><td>10</td><td>7</td><td>1</td></tr>
<tr><td>Psych – Part II</td><td>6</td><td>5</td><td>5</td><td>6</td><td>0</td></tr>
<tr><td>Totals</td><td>492</td><td>329</td><td>360</td><td>163</td><td>8</td></tr>
</table>
</td></tr>
<tr><td>3. <u>Health Navigator Skill Development Program</u>
This program trains individuals (Peer Advocates, Community Workers, and Medical Case Workers) on knowledge and skills needed to assist consumers navigate, and advocate for themselves in both the public health care and mental health systems. This 52-hour training uniquely incorporates a seven-hour orientation for participants' supervisors and supervised experience for health navigation services.</td><td>Program continues through FY 17-18.</td><td>
<table>
<tr><th>TRAINING COURSE</th><th>TRAINED</th></tr>
<tr><td>Adult Navigators</td><td>39</td></tr>
<tr><td>Family Navigators</td><td>10</td></tr>
<tr><td>Peer Housing Navigators</td><td>26</td></tr>
<tr><td>TAY Navigators</td><td>27</td></tr>
<tr><td>TOTAL</td><td>102</td></tr>
</table>
</td></tr>
<tr><td>4. <u>Interpreter Training Program –</u>
These trainings are offered to bilingual staff that currently perform or are interested in performing language interpretation services and to monolingual English-speaking mental health providers on the</td><td>Program continues through FY 17-18.</td><td>Summary of the total participants in each of the Interpreter Training Program components:
<table>
<tr><th>Training Title</th><th>Totals</th></tr>
<tr><td>Interpreter Training in Mental Health Setting (21 Hours)</td><td>54</td></tr>
<tr><td>Advance Training (7 hours)</td><td>6</td></tr>
<tr><td>Increasing Spanish MH Clinical Terminology (7 Hours)</td><td>105</td></tr>
<tr><td>Totals</td><td>165</td></tr>
</table>
</td></tr>
</table>

WET		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
proper usage of language interpreters in the public mental health system.		
5. Clergy/Mental Health Staff Roundtable Pilot Project – This project continues to bring together clergy and mental health staff to address the mental health issues of the individuals and communities they mutually serve. The Roundtable Project has provided an opportunity for faith-based clergy to understand the essence of mental health services focused on recovery as well as for mental health personnel to understand and integrate spirituality in the recovery process.	Program continues through FY 17-18.	All eight Service Areas continue to operate their own Clergy/Mental Health Staff Roundtable. Feedback received from both clergy/faith leaders and public mental health personnel continues to be positive. The program funds a consultant to assist in facilitating the roundtable discussions, and provide guidance and structure when needed.
6. Mental Health Recovery Specialist Training - This program prepares persons with a minimum of 24 hours of college credit, inclusive of consumers and family members, to work in the field of mental health as psycho-social rehabilitation specialists. This 12-week program is delivered in partnership with mental health contractors and the local community colleges. Successful completion of this program ensures that participants are qualified to apply for career opportunities in the public mental health system as peer advocates.	Program to continue through FY 17-18.	This training was completed by 60 individuals interested in employment in the public mental health system.
7. **Peer-Focused Training** – During FY 16-17, the following were delivered: Homeless Outreach Peer Enhancement (HOPE) This program is intended to train mental health peers and family peers who volunteer in a shelter	Program to continue during FY 17-18.	During the pilot project in FY 16-17, 12 individuals received this training.

WET		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
setting to assist consumers identify their recovery goals related to mental health, physical health, substance abuse and stability.		
<u>Macro Peer Advocacy Program</u> This program is targeted to peers, family advocates, and members to effectively promote and empower the consumer voice and advocate for continued support of MHSA recovery, resilience, and wellness tenets. Components include the legislative process, communication strategies for both written and in person presentation with county and state constituents, and development of successful political collaborative/relationship approaches.	Program to continue during FY 17-18.	During FY 16-17, 130 peers participated in this training.
<u>Social Rehabilitation Curriculum Building Consultation</u> Focus groups, consisting of social rehabilitation subject matter expert staff (i.e., Community Workers, Medical Case Workers, Employment Specialist, and Substance Use Counselors) and supervisors across the public mental health system were conducted to identify competencies necessary for delivery of social rehabilitation specialist services.	This was a one-time research effort and will not be repeated during FY 17-18.	Six focus group sessions were held, with a total of 45 subject matter expert staff participated in these focus groups. Based on the Focus Groups' recommendations, competency based trainings are to be developed and implemented.
<u>Working With Psychosis in Community Mental Health</u> This training provides participants with awareness about the experiences individuals hearing voices endure and how these experiences impact their lives and recovery process.	Projected to continue during FY 17-18.	37 individuals participated in this training.

<table>
<tr><th colspan="3">WET</th></tr>
<tr><th>Projects/Activities/Strategies</th><th>Status/ Progress</th><th>Monitoring/ Outcomes/Findings</th></tr>
<tr>
<td>8. <u>Expanded Employment and Professional Advancement Opportunities for Family Members in the Public Mental Health System -</u> These trainings prepare family members of consumers to develop or augment skills related to community outreach, advocacy, and leadership and decrease barriers to employment. The training topics include public speaking, navigating systems, and resource supports for consumers and families. This program is funded with the intent to educate family members about mental health services in the community meeting the objective of the program outline in the MHSA-WET Plan.</td>
<td>Program to continue through FY 17-18.</td>
<td>
<table>
<tr><th>Training Component</th><th>Train The Trainer Participants</th><th>New Speakers Trained</th><th>Presentation Participants</th></tr>
<tr><td>Adult Consumers Advocacy Speakers</td><td></td><td></td><td>158</td></tr>
<tr><td>Family Advocacy Speakers</td><td></td><td></td><td>26</td></tr>
<tr><td>Family Support and Advocacy Training</td><td>4</td><td>50</td><td>574</td></tr>
<tr><td>Family Support and Advocacy Training In Spanish</td><td></td><td>20</td><td>160</td></tr>
<tr><td>Family Advocacy Lobby Outreach Program</td><td></td><td>12</td><td>120</td></tr>
<tr><td>Family Advocate and Recovery Training Program</td><td></td><td></td><td>0</td></tr>
<tr><td>Family Advocate Wellness and Diversity Training Program</td><td></td><td></td><td>0</td></tr>
<tr><td>Family Advocate Wellness and Spirituality Training Program</td><td></td><td></td><td>0</td></tr>
<tr><td>Family Advocate and Provider Training Program</td><td></td><td></td><td>0</td></tr>
<tr><td>Parent/Caregiver Advocate Provider Training Program</td><td></td><td></td><td>150</td></tr>
<tr><td>Parent/Caregiver Advocate Wellness and Recovery Training Program</td><td></td><td></td><td>500</td></tr>
<tr><td>Child/Adolescent Consumer Advocacy Speakers Bureau</td><td></td><td>40</td><td>34</td></tr>
<tr><td>Parent Advocacy Speakers' Bureau</td><td></td><td>20</td><td>30</td></tr>
<tr><td>Parent Support and Advocacy Training Bureau</td><td>4</td><td>21</td><td>85</td></tr>
<tr><td>Parent Support and Advocacy Training Bureau in Spanish</td><td></td><td>8</td><td>65</td></tr>
<tr><td>Parent and Teachers Joint Advocacy Program</td><td></td><td>22</td><td>350</td></tr>
<tr><td>TOTALS</td><td>8</td><td>193</td><td>2,252</td></tr>
</table>
</td>
</tr>
<tr>
<td>9. <u>Mental Health Career Advisors</u> This program is designed to fund career advisor services for public mental health staff. These services include: the provision of ongoing career advisement, coordination and development of career goals, linkage to job training resources, mentoring, and information</td>
<td>Program was completed as of June 2017.</td>
<td>
<table>
<tr><th>Participation</th><th>FY 16-17 (as of June 2017)</th></tr>
<tr><td>Number of Participants</td><td>43</td></tr>
<tr><td>Number of Sessions Served</td><td>101</td></tr>
</table>
</td>
</tr>
</table>

<table>
<tr><th colspan="3">WET</th></tr>
<tr><th>Projects/Activities/Strategies</th><th>Status/ Progress</th><th>Monitoring/ Outcomes/Findings</th></tr>
<tr><td>sharing and advocacy. The Mental Health Career Advisors function as a one-stop shop for upward career mobility. A pilot program began services September 2014.</td><td></td><td>Average Visits Per Participants
<table><tr><th>1 Visit</th><th>2-4 Visits</th><th>5-10 Visits</th><th>10-20 Visits</th></tr><tr><td>23%</td><td>49%</td><td>10%</td><td>8%</td></tr></table></td></tr>
<tr><td>10. <u>Stipend Program for MFT and MSW/PNP Students</u> – This program provides 2nd year students with an educational stipend totaling $18,500 in exchange for a contractual obligation to secure employment in a hard-to-fill area of the County, for a minimum of one year. It prioritizes students who are linguistically and/or culturally able to serve the traditionally unserved and underserved populations of the County.</td><td>Program to continue through FY 17-18.</td><td>The program provided stipends to 70 MFT and 74 MSW/PNP students committed to the public mental health system.

In addition to the stipends, six post-doctoral fellows were funded and provided additional educational opportunities that support evidence-based models and the underserved and unserved communities.</td></tr>
<tr><td>11. <u>Mental Health Promoters</u> Community members are trained as mental health promoters (presently Spanish speaking). With continued training and support these individuals have become community champions and liaisons educating whereby their respective communities on available mental health services and promoting anti-stigma campaigns. Presently, 89 promoters are trained.</td><td>Program to continue through FY 17-18.</td><td>Presently, 89 promoters are trained. During FY 16-17, these individuals presented to 18,624 community members, through 2,047 communities based presentations.</td></tr>
</table>

III. Additional Strategies to Reduce Mental Health Disparities

Alternative Crisis Services (ACS)

ACS provides a comprehensive range of services and supports for individuals with mental illness that are designed to provide alternatives to emergency room care, acute inpatient hospitalization, and institutional care as means to reduce homelessness and prevent incarceration. These programs are essential to crisis intervention and stabilization, service integration, and linkage to community-based programs, housing alternatives, and treatment for co-occurring substance abuse. ACS provides these services and supports to individuals 18 years of age and older of all genders, race/ethnicities, and languages spoken.

Countywide Resource Management
Responsible for overall administrative, clinical integrative, and fiscal management functions for the DMH's indigent acute inpatient, long-term institutional, and crisis, intensive, and supportive residential resources. The program provides coordination, linkage, and integration of inpatient and residential services throughout the system to reduce rates of re-hospitalization, incarceration, and the need for long-term institutional care, while increasing the potential for community living and recovery. It also coordinates functions to maximize flow of consumers among various levels of care and community-based mental health services and supports.

Residential and Bridging Program
Involves psychiatric social workers and peer advocates assisting in the coordination of psychiatric services and supports for TAY, Adults, and Older Adults with complicated psychiatric and medical needs. The program ensures linkages to appropriate levels and types of mental health and supportive services through collaboration with Service Area Navigators, Full Service Partnerships, residential providers, self-help groups, and other community providers. Peer advocates provide support to individuals in IMDs, IMD step-down facilities, and intensive residential programs to successfully transition to community living.

The County Hospital Adult Linkage Program is part of the Residential and Bridging program and has a mission to assist in the coordination of psychiatric services for Department of Mental Health (DMH) consumers at Department of Health Services (DHS) County Hospitals in order to ensure linkage of consumers being discharged with the appropriate level and type of mental health, residential, substance abuse, or other specialized programs. The County Hospital Adult Linkage Program promotes the expectation that consumers must be successfully reintegrated into their communities upon discharge and that all care providers must participate in consumer transitions.

Urgent Care Centers (UCC)
These centers focus on recovery and linkage to ongoing community services that are designed to impact unnecessary and lengthy involuntary inpatient treatment. They are geographically located throughout the Los Angeles County and provide the following services: intensive crisis services to individuals who otherwise would be brought to emergency rooms, up to 23 hours of immediate care and linkage to community-based resources, crisis intervention including integrated services for co-occurring substance use disorders. The Board letter to execute UCC was adopted on December 6, 2016 for the listed following areas:

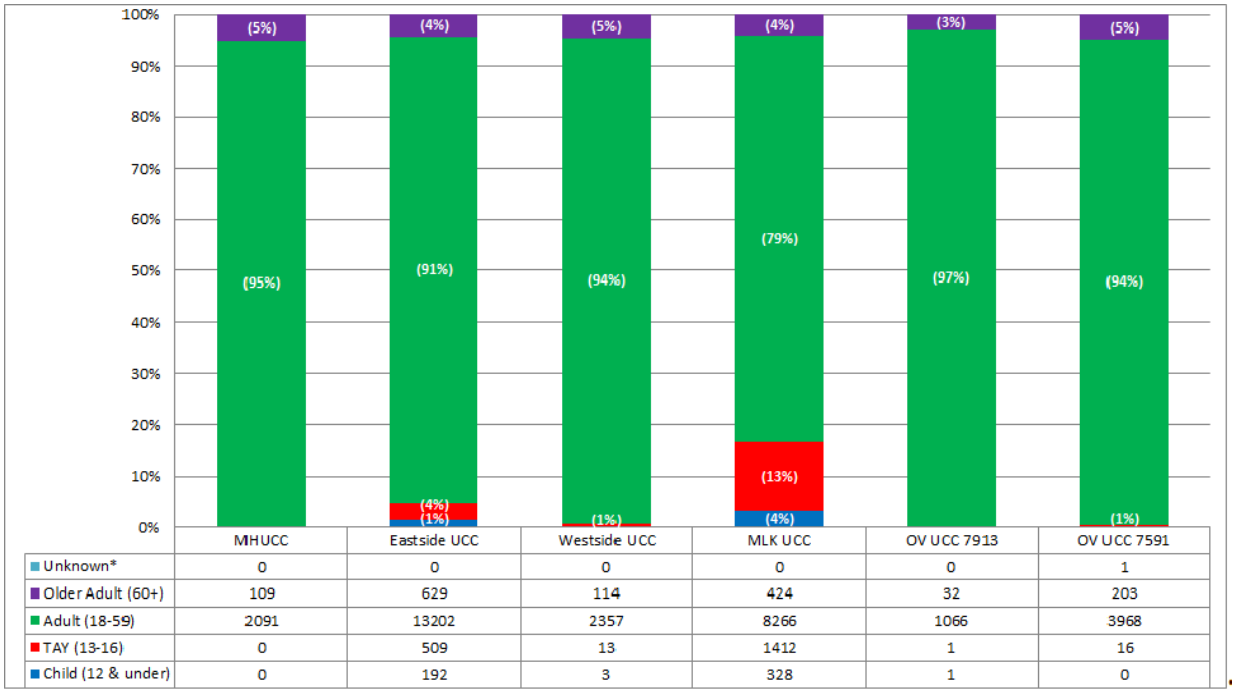
- Antelope Valley: Stars Behavioral Health Group (Stars) has been selected as the new provider for this site. LACDMH and Stars are currently working collaboratively with the Supervisorial District to find an appropriate site to house the UCC.

- San Gabriel UCC: In collaboration with DHS, LACDMH has connected with Molina Healthcare to potentially offer space that would allow Telecare Corporation, the UCC awardee, to occupy and operate this UCC.

- Long Beach UCC: Stars was awarded a service contract to operate a UCC in Long Beach. The provider has been working with the City of Long Beach Planning Department to process and approve a Conditional Use Permit for their site. LACDMH, along with Stars, has met with Long Beach officials to provide an overview of the services and the potential impact to the city of Long Beach. Stars continues to conduct community outreach and site preparation to successfully site the UCC.

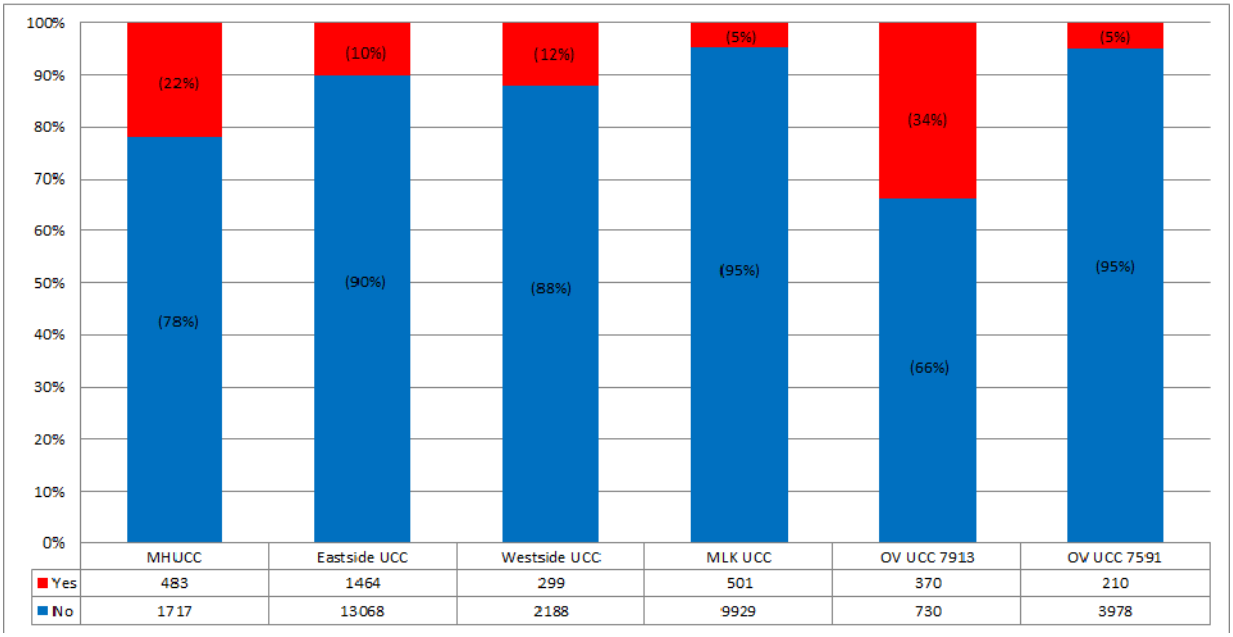
Outcomes*

New Admission at Urgent Care Centers (UCCs) by Age Category



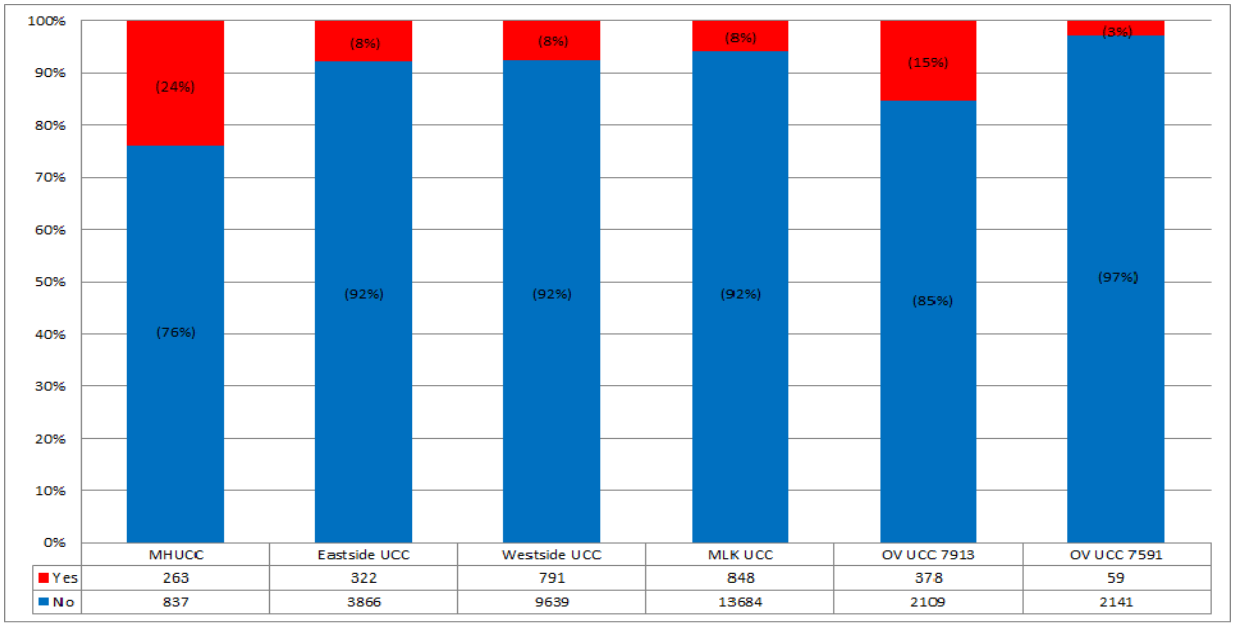
	MH UCC	Eastside UCC	Westside UCC	MLK UCC	OV UCC 7913	OV UCC 7591
Unknown*	0	0	0	0	0	1
Older Adult (60+)	109	629	114	424	32	203
Adult (18-59)	2091	13202	2357	8266	1066	3968
TAY (13-16)	0	509	13	1412	1	16
Child (12 & under)	0	192	3	328	1	0

New Admission at UCCs Who Were Homeless upon Admission



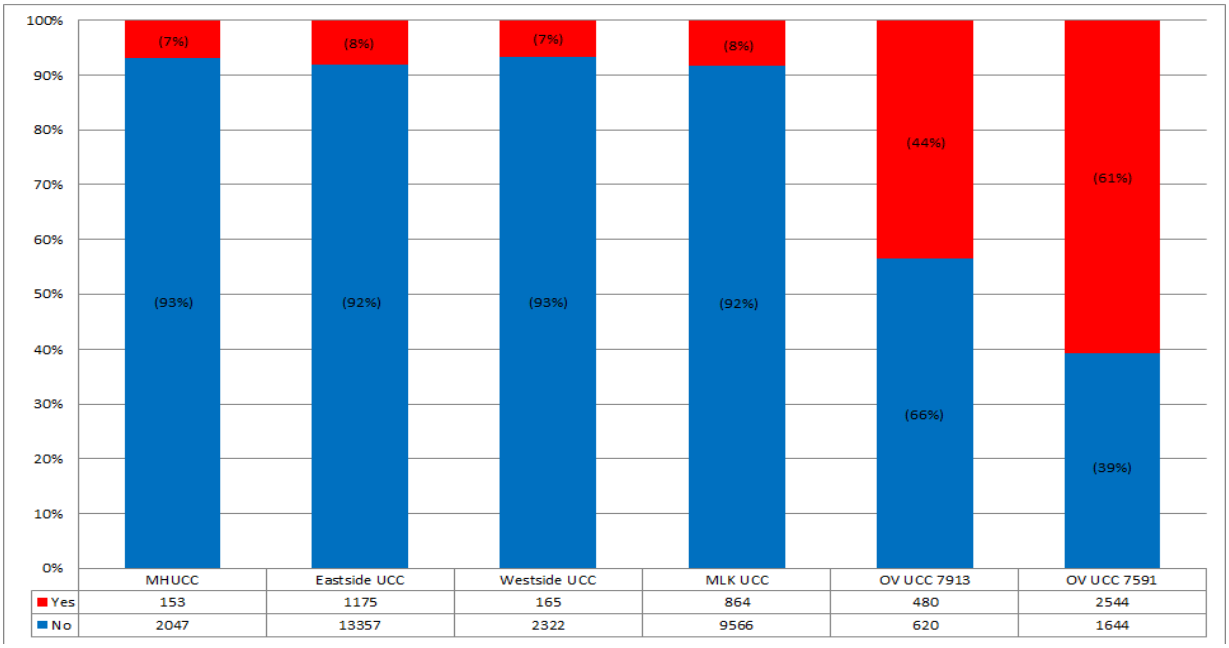
	MHUCC	Eastside UCC	Westside UCC	MLK UCC	OV UCC 7913	OV UCC 7591
Yes	483	1464	299	501	370	210
No	1717	13068	2188	9929	730	3978

Percent of Those with an Assessment at a Psychiatric Emergency Room within 30 Days of a UCC Assessment



	MHUCC	Eastside UCC	Westside UCC	MLK UCC	OV UCC 7913	OV UCC 7591
Yes	263	322	791	848	378	59
No	837	3866	9639	13684	2109	2141

Percent of Those Who Return to a UCC within 30 Days of a UCC Assessment



	MHUCC	Eastside UCC	Westside UCC	MLK UCC	OV UCC 7913	OV UCC 7591
Yes	153	1175	165	864	480	2544
No	2047	13357	2322	9566	620	1644

*Outcome data for FY 15-16. Source: MHSA Three Year Program & Expenditure Plan, FY 17-18 through FY 19-20

CalWORKs Program

CalWORKs recipients are eligible to receive Supportive Services as part of their Welfare-to-Work plan in order to remove barriers to employment. All CalWORKs participants are also Medi-Cal recipients and the vast majority are women. However, Medi-Cal is not billed for mental health services for CalWORKs participants who are receiving services as part of their Welfare-to-Work plan. Furthermore, they are not required to meet medical necessity to receive mental health services funded by CalWORKs.

Mental health services available to CalWORKs recipients include:

- Crisis Intervention
- Individual and family assessment and treatment
- Individual, group, and collateral visits
- Specialized vocational assessments
- Life skills support groups
- Parenting effectiveness
- Medication management
- Case management, brokerage, linkage and advocacy
- Rehabilitation, support, vocational rehabilitation, and employment services
- Home visits
- Community outreach

Outreach and education presentations are conducted in local DPSS offices where potential CalWORKs consumers may be present. In addition, outreach is conducted at

community-based agencies such as churches, community centers, and other local social service agencies to provide education on CalWORKs mental health services available to the local communities. Also, DPSS provides child care funding as part of a participant's Welfare-to-Work plan. Additionally, some LACDMH Directly Operated and Contracted clinics provide child watch services or children's socialization groups while their parents are participating in their own treatment services.

In order to reduce disparities, there are multi-lingual and multi-cultural case management and clinical staff throughout the CalWORKs program. Languages spoken include: Arabic, Armenian, Cantonese, Chiu Chow, English, Farsi, French, Haitian Creole, Hebrew, Hindi, Indonesian, Japanese, Khmer, Korean, Laotian, Mandarin, Portuguese, Punjabi, Russian, Samoan, Spanish, Tagalog, Urdu and Vietnamese. DPSS staff who make referrals to LACDMH Directly Operated and Contracted clinics have continuously updated listings of all clinics and their language capabilities to ensure that participants are appropriately referred if a specific language need is identified. This data is inclusive of participants referred for all supportive services – mental health, substance abuse, and domestic violence.

CalWORKs projects and activities contribute to LACDMH's provision of culturally and linguistically competent services. CalWORKs Mental Health Supportive Services are available countywide at 53 clinic locations. CalWORKs services at each clinic are required to reflect the specific cultural and linguistic needs of each SA and community in which the clinic is located.

CalWORKs providers conduct outreach and education activities within their SAs and community to educate current and potential CalWORKs participants about the availability of mental health services to address their mental health barriers to employment and self-sufficiency. These outreach activities occur at DPSS offices, community colleges, and other locations where CalWORKs participants receive other services.

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CalWORKs		
Projects/Activities/Strategies	**Status/Progress**	**Monitoring/Outcomes/Findings**
1. Multi-lingual and multi-cultural case management and clinical staff throughout the CalWORKs program.	DPSS staff who make referrals to LACDMH Directly Operated and Contracted clinics have continuously updated listings of all clinics and their language capabilities to ensure that participants are appropriately referred if a specific language need is identified. Languages spoken include: • Arabic • Armenian • Cantonese • English • Farsi • Hebrew • Hindi • Japanese • Khmer • Korean • Laotian • Mandarin • Portuguese • Punjabi • Russian • Samoan • Spanish • Tagalog • Urdu • Vietnamese	DPSS provides child care funding as part of a participant's Welfare-to-Work plan. Additionally, some LACDMH Directly Operated and Contracted clinics provide child watch services or children's socialization groups while their parents are participating in their own mental health services. CalWORKs Program Administration monitors accessibility of culturally competent mental health services for participants.

Department of Mental Health/Department of Health Services (DMH/DHS) Collaboration Program

DHS Collaboration Program is a MHSA PEI-funded program in which LACDMH staff are located on a full-time basis within DHS Comprehensive Care Centers (CHC) and Multi-service Ambulatory Care Centers (MACC). LACDMH staff provides short-term early intervention specialty mental health services within health settings as a means of improving access for individuals who may experience stigma in seeking services in traditional mental health clinics. The program ensures collaboration between the mental health and health care providers in the co-management of individuals referred by primary care providers to LACDMH staff.

Consumers served for FY 16-17 by DMH/DHS Collaboration Program

Program/ Project/ Activity	Number of Consumers Served by Ethnicity and Gender								
DMH DHS Collaboration El Monte CHC	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
	15	7	180	13	3		63	167	
	Other Ethnicities:								
	Armenian (1)		Other Asian (1)			Other White (1)			
	Other (4)		Other Black (1)			Unknown / Not reported (4)			
	Language of Staff:								
	English		Spanish						
DMH DHS Collaboration Roybal CHC	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
	8	2	122	5	1		47	101	
	Other Ethnicities:								
	Armenian (1)		Other (4)						
	Guamanian (2)		Unknown / Not Reported (3)						
	Language of Staff:								
	English		Mandarin						
	Cantonese		Spanish						
DMH DHS Collaboration Long Beach CHC	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
	10	15	59	4			18	76	
	Other Ethnicities:								
	Other (1)		Unknown / Not Reported (2)						
	Other White (3)								
	Language of Staff:								
	English		Spanish						

Program/ Project/ Activity	Number of Consumers Served by Ethnicity and Gender								
DMH DHS Collaboration High Desert MACC	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
	37	39	38	5	6		34	101	
	Other Ethnicities:								
	Armenian (1)		Other Non-White (1)						
	Other (2)		Unknown / Not Reported (6)						
	Language of Staff:								
	English		Spanish						
DMH DHS Collaboration	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
	31	1	63	2	1		28	80	
	Other Ethnicities:								

Program/ Project/ Activity	Number of Consumers Served by Ethnicity and Gender								
Mid Valley CHC	Armenian (2)		Other (2)			Other White (2)			
	Eastern European (1)		Other Middle Eastern (1)			Unknown / Not Reported (2)			
	Language of Staff:								
	English		Spanish						
DMH DHS Collaboration MLK OPC	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
	4	49	94	2	1		41	116	
	Other Ethnicities:								
	Asian Indian (1)		Other (3)			Unknown / Not Reported (3)			
	Language of Staff:								
	English		Spanish						
DMH DHS Collaboration Lomita FHC	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
	11	12	85	3			35	85	
	Other Ethnicities:								
	Mien (1)		Other White (4)						
	Other (2)		Unknown / Not Reported (2)						
	Language of Staff:								
	English		Spanish						
DMH DHS Collaboration South Valley	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
		2	4				2	5	
	Other Ethnicities:								
	Other White (1)								
	Language of Staff:								
	English		Spanish						
DMH DHS Collaboration Total	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
	116	127	645	34	12		268	731	
	Other Ethnicities:								
	Armenian (5)		Mien (1)			Other Middle Eastern (1)			
	Asian Indian (1)		Other (18)			Other Non-White (1)			
	Eastern European (1)		Other Asian (1)			Other White (11)			
	Guamanian (2)		Other Black (1)			Unknown / Not Reported (22)			
	Language of Staff:								
	Cantonese		Mandarin						
	English		Spanish						

The DMH/DHS projects and activities contribute to the Department's provision of culturally and linguistically competent services. The DMH/DHS Collaboration Program was specifically designed to bring early intervention mental health services into primary care settings. Seeking treatment in a traditional mental health clinic is often stigmatizing, for members from culturally diverse backgrounds. Due to fear of stigmatization, individuals in need of services may not seek them in a timely manner, or may wait until their symptoms are debilitating, thereby requiring a more intensive approach. Delays in

treatment may also have an adverse impact on a person's overall health and wellbeing. By delivering services in physical health care settings, the whole person may be treated and care among providers can be better coordinated. Additionally, many individuals do not seek treatment in a traditional mental health clinic and as a result, their symptoms may become debilitating. Accessing mental health services in a health setting is highly desirable to many persons and in fact, many consumers prefer to wait to be seen by mental health staff in a familiar DHS location rather than be referred elsewhere for a more timely appointment. The role of the primary care provider in endorsing mental health providers and interventions is essential and can increase compliance with mental health treatment goals.

Clinicians at all Collaboration Program sites, make regular rounds to medical clinics to offer consultation, provide feedback to referring providers, and address questions related to mental health concerns. This activity increases the visibility of mental health services and consequently, improves potential access to care via provider referrals. Likewise, clinicians at the Martin Luther King Jr. and Roybal sites are integrated into Diabetes treatment groups offered by DHS providers. They run a mental health module at each group meeting in order to educate consumers about the interplay between physical and mental health, to destigmatize mental health conditions and treatment, and to outreach potential consumers.

The High Desert, Martin Luther King Jr., El Monte, and Long Beach sites are located inside Health Neighborhoods. In those locations, the Collaboration Program's clinicians or supervisors attend the monthly Health Neighborhood meetings. Their attendance and participation in the Health Neighborhood expand awareness of the services to the larger community and improve access to care provided in a non-stigmatizing environment. When the Collaboration Program sites receive nonviable referrals, involvement in the Health Neighborhood allows the clinicians to link consumers to other providers for mental health treatment, thus improving access to care.

In an effort to increase access and reduce disparities, the High Desert site has expanded beyond the High Desert Regional Health Center and is now accepting referrals via eConsult from the surrounding clinics (e.g., Littlerock and South Valley). In addition, there are plans to launch a part-time site at South Valley Health Center, to meet the community's needs for mental health treatment.

Additionally, a Chinese Wellness workshop implemented at the Roybal site is a non-threatening and non-stigmatizing strategy for reaching out to the local Chinese community to educate them on the importance of mental health and the availability of resources.

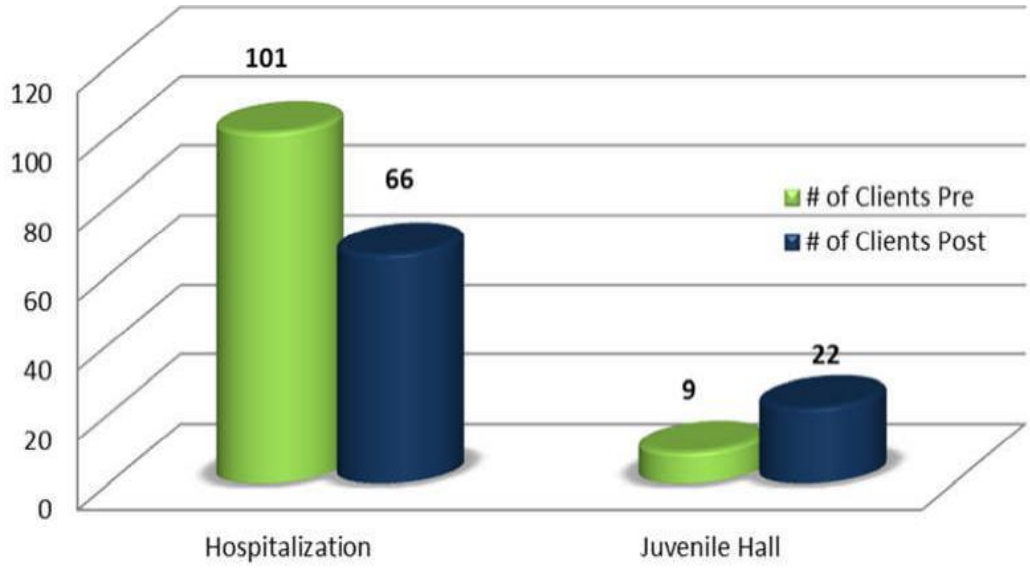
DMH/DHS COLLABORATION		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
1. At the Lomita site, clinicians began attending PCP huddles in the Diabetes Clinic in order to consult on possible		This practice will continue and outcomes will be monitored.

DMH/DHS COLLABORATION		
mental health issues and to strategize connecting patients needing a referral.		
2. A Wellness Education group for the Chinese consumers at the Roybal site, designed by the clinician and Medical Case Worker.	The group is now held biannually at Roybal, and the PHQ-4/PHQ-9 is given and reviewed to identify possible mental health needs.	It is conducted in Mandarin and Cantonese, and offers a non-stigmatizing way to educate about overall health and to outreach and identify those needing mental health treatment, but facing cultural barriers to seeking it out. Anecdotal feedback continues to be positive. The DHS PCPs are becoming aware of the group and make referrals to it. The group will be offered biannually on an ongoing basis.
3. The clinicians worked with the DHS Health Educator at Roybal to design a monthly health education group.	The group was held once in English and once in Spanish.	The meetings, were in English and Spanish, provided a non-stigmatizing forum for clinicians to do outreach to consumers who might shy away from a mental health presentation. The DHS Health Educator has been reassigned to other duties, so the group is on hold for now.
4. Due to the scarcity of mental health services in the Antelope Valley a part-time site at South Valley Health Center in Lancaster was implemented as a way to expand access to services. The site opened on February 21, 2017.		One clinician was on site to provide consultation and treatment three days per week. She outreached to DHS staff in the clinic on a regular basis to make the program visible and to address any questions or issues regarding services. Because of very low referral numbers, the site was closed on September 14, 2017.

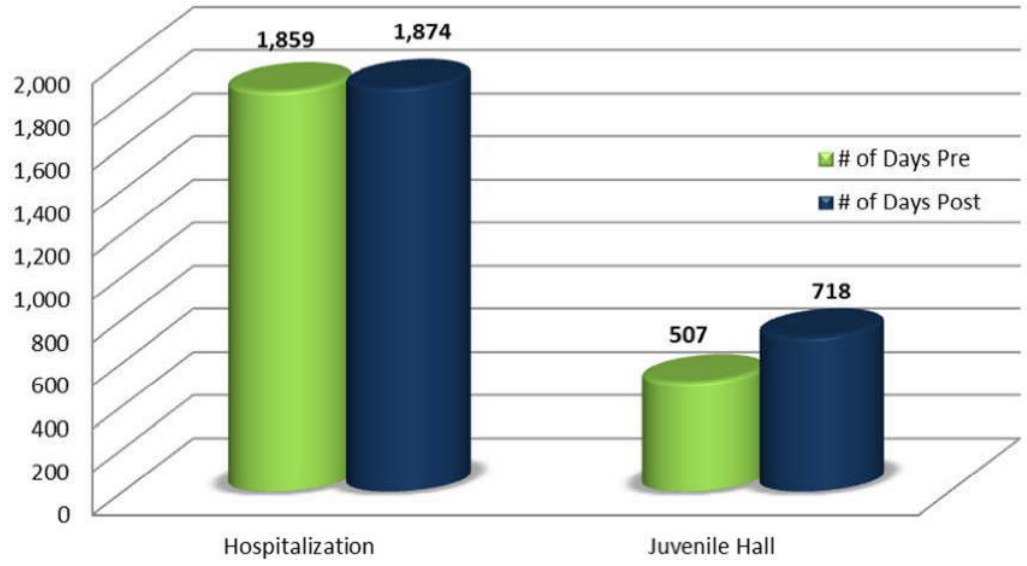
Family Support Services (FSS) Program

The FSS program assists and supports parents and/or caregivers in accessing mental health services such as individual psychotherapy, couples/group therapy, psychiatry/medication support, crisis intervention, case management linkage/brokerage, parenting education, domestic violence, and COD services. Parent and/or caregivers of children enrolled in the FSP program could receive the aforementioned services even though they might not meet medical necessity to receive their own services.

Outcomes*



There was a 144% increase in the number of consumers in juvenile hall post-partnership. Data indicates nine Wraparound Child FSP consumers (approximately 0.48% of the children's baselines included) reported being in juvenile hall 365 days prior to partnership and 22 Wraparound Child FSP consumers (approximately 1.16% of the children's baselines included) after the partnership was established.



There was a 42% increase in the number of days child Wraparound FSP consumers spent in juvenile hall post-partnership. Data indicates 507 days (0.05% of total tenure) were reported spent in juvenile hall 365 days prior to partnership and

718 days (0.07% of total tenure) were reported spent in juvenile hall after partnership was established for child Wraparound FSP consumers. Total tenure is 988,899 days for all included baselines.

*Outcome data of FY 15-16. Source: MHSA Three Year Program & Expenditure Plan, FY 17-18 through FY 19-20

Integrated Mobile Health Team (IMHT)

IMHT services are designed to decrease or reduce homelessness, incarcerations, and medical and psychiatric emergency visits for individuals with serious mental illness and who are highly vulnerable and have challenges accessing services. Vulnerabilities include but are not limited to age, years of homelessness, and substance use, and/or other physical health conditions that require ongoing primary care. IMHT services are provided in the field by a multidisciplinary staff that includes a licensed mental health professional, psychiatrist, physical health physician, certified substance use counselor, peer advocate, and case managers. The IMHTs use EBPs including housing first, permanent supportive housing, harm reduction, and motivational interviewing. LACDMH is committed to the provision of mental health services to the homeless populations and efforts to reduce homelessness. The larger scope of SB 82 has allowed the expansion of mental health crisis intervention services to reduce unnecessary hospitalizations and inpatient days, recidivism, and mitigate law enforcement expenditures on mental health crises.

Consumers served for FY 16-17 by IMHT

Program/ Project/ Activity	Number of Consumers Served by Ethnicity and Gender								
	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
Exodus Recovery, Inc.	4	17	11	2			23	11	
	Other Ethnicities:								
	Not Specified								
	Language of Staff:								
	English Farsi			German Hindi			Korean Spanish		
Mental Health America of Los Angeles	20	13	5			1	26	13	
	Other Ethnicities:								
	Not Specified								
	Language of Staff:								
	English			Spanish					
The People Concern	13	6	2				15	6	
	Other Ethnicities:								
	Not Specified								
	Language of Staff:								
	English			Spanish					
St. Joseph Center	14	6		1		4	17	8	
	Other Ethnicities:								
	Not Specified								

Program/ Project/ Activity	Number of Consumers Served by Ethnicity and Gender								
	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
	Language of Staff:								
	English			Japanese			Russian		
	Hebrew			Korean			Spanish		

The IMHT program contributes to LACDMH's provision of culturally and linguistically competent services by providing services to consumers who are homeless and have a co-occurring mental illness, substance use and physical health conditions. As stated above, homelessness is considered a unique culture. Each team hires staff that reflect the demographics of the homeless population and includes staff with lived experience of homelessness and/or mental illness.

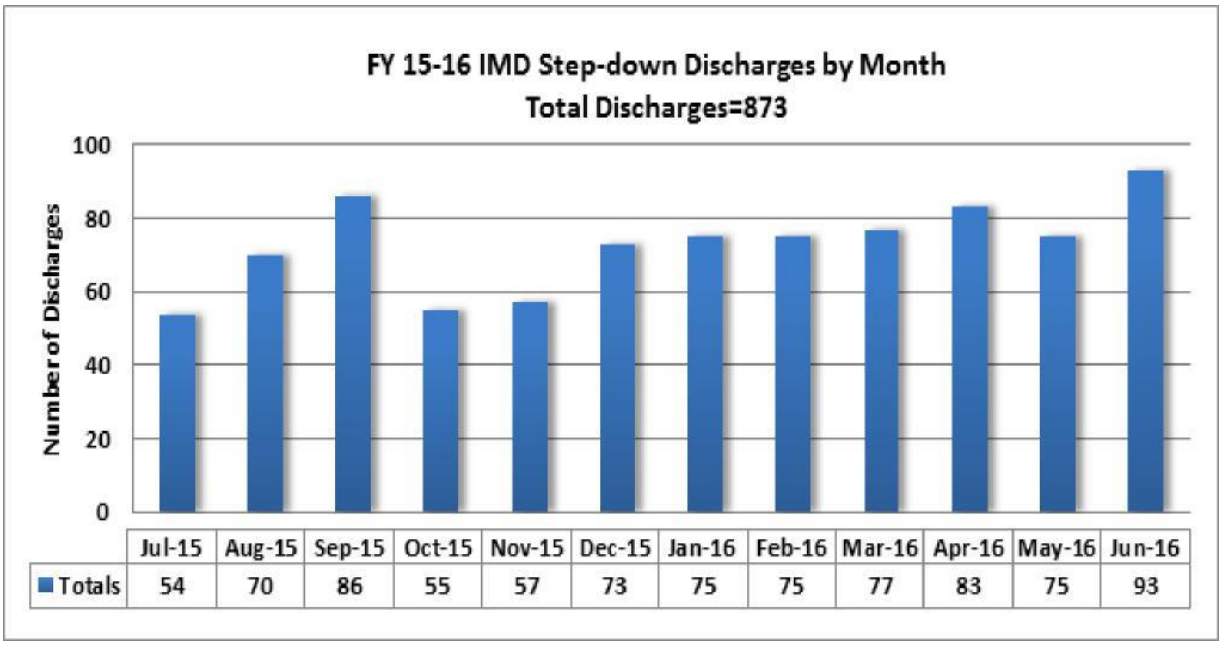
The IMHTs increase access to mental health services by providing field-based and effective outreach and engagement. The goal of IMHTs is to assist individuals who are homeless and living on the streets in accessing mental health, physical health, substance use, and housing services. The services are brought to homeless persons, thereby removing many barriers that they experience in accessing clinic-based services.

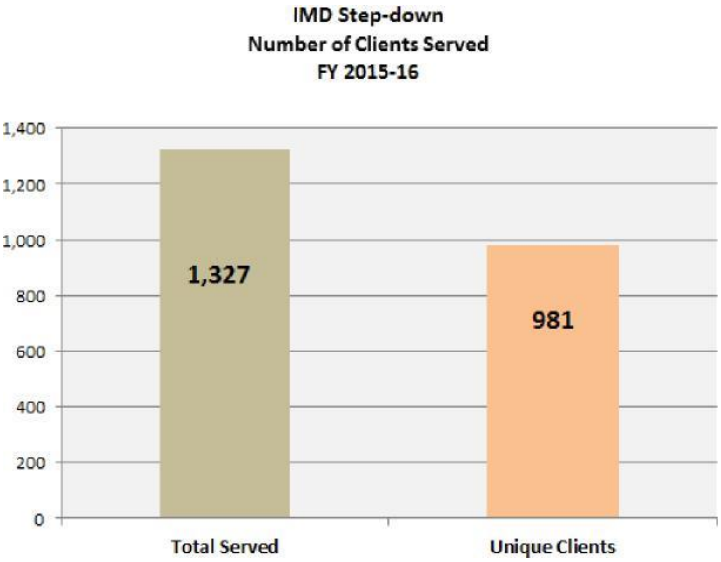
IMHT		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
1. The IMHT FSPs' strategy is to provide field-based outreach and engagement, mental health, physical health, and substance use treatment services to individuals who are homeless.	The IMHT-FSP model has been successful.	LACDMH uses the Outcome Measures Application to monitor the IMHT-FSP outcomes. The IMHT-FSP consumers had the following outcomes: • 32.5% transitioned from homelessness to permanent housing • There was a 28% reduction in incarcerations

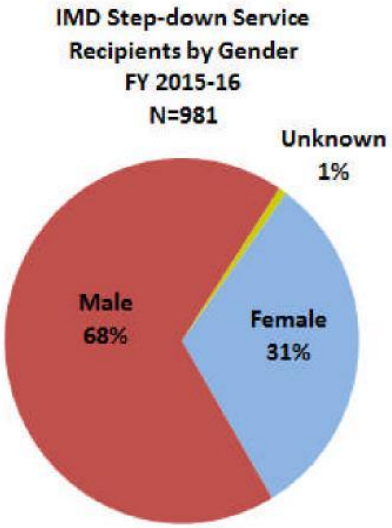
Institutions for Mental Diseases (IMD) Step-Down Facility Programs

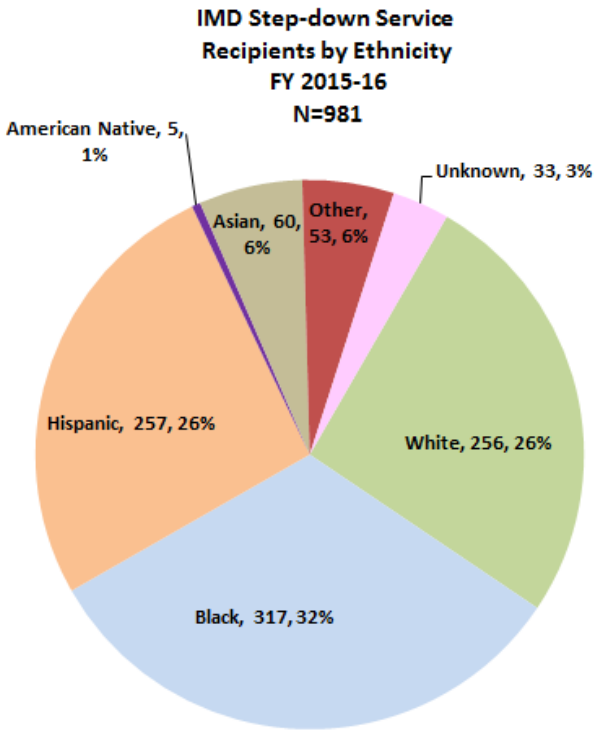
IMD Step-Down Facility programs are designed to provide supportive on-site mental health services at selected licensed Adult Residential Facilities (ARF), and in some instances, assisted living, congregate housing, or other independent living placements (ILPs). The program assists consumers transitioning from acute inpatient and institutional settings to the community by providing intensive mental health, substance use and supportive services.

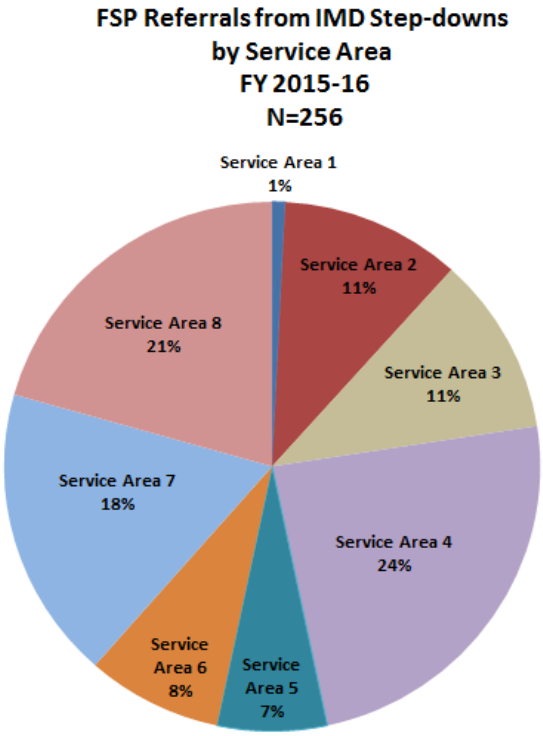
Outcomes*

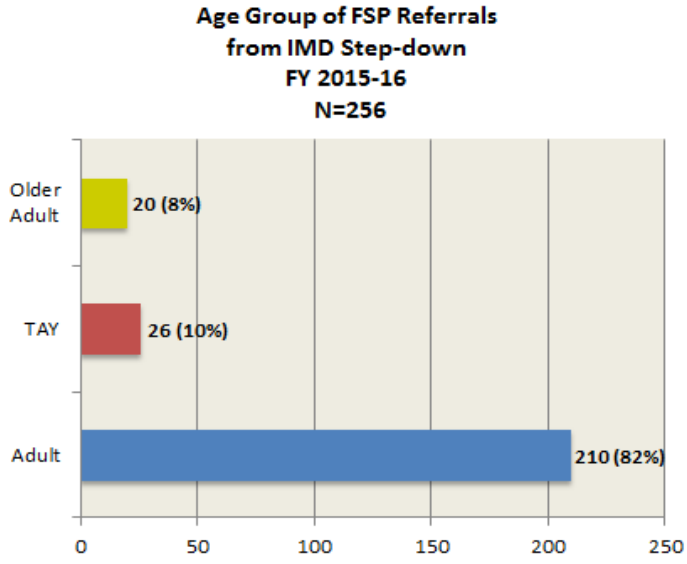

FY 15-16 IMD Step-down Discharges by Month
Total Discharges=873
Number of Discharges
100
80
60
40
20
0
Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16 Apr-16 May-16 Jun-16
Totals 54 70 86 55 57 73 75 75 77 83 75 93


IMD Step-down
Number of Clients Served
FY 2015-16
1,400
1,200
1,000
800
600
400
200
0
1,327
981
Total Served
Unique Clients


IMD Step-down Service
Recipients by Gender
FY 2015-16
N=981
Unknown
1%
Male
68%
Female
31%







*Outcome data of FY 15-16. Source: MHSA Three Year Program & Expenditure Plan, FY 17-18 through FY 19-20

Housing Programs

A. Project 50

Project 50 identifies, engages, houses, and provides integrated supportive services to the 50 most vulnerable, long-term chronically homeless adults living on the streets of Skid Row. Project 50 involves three phases: 1) registry of homeless individuals; 2) outreach team to assess needs, define services, and develop plan for service delivery; and 3) integrated Supportive Services Team to coordinate interagency collaboration for comprehensive care and services. Project 50 serves the most vulnerable and chronically homeless adults in the Skid Row area of downtown Los Angeles across gender and linguistic diversity.

B. MHSA Housing Program

The Adult Housing Services include 14 Countywide Housing Specialists that, as part of a SA team, provide housing placement services primarily to individuals and families that are homeless in their assigned SA. The MHSA Housing Program provides funding for permanent, supportive, affordable housing for individuals living with serious mental illness, along with their family members, who are homeless. It is a statewide program that includes a partnership with California Housing Finance Agency (CalFHA). LACDMH provides supportive services including mental health services to tenants living in MHSA funded units.

C. Homeless Outreach and Mobile Engagement (HOME) Team

HOME provides county-wide, field-based, and dedicated outreach and engagement services to the most unserved and underserved of the homeless mentally ill population. In this capacity its staff function as the 'first link in the chain' to ultimately connect the homeless mentally ill individual to recovery and mental health services through a collaborative effort with other care giving agencies and county entities. HOME serves predominantly adults and TAY by providing intensive case management services; linkages to health, substance use, mental health, and benefits establishment services; transportation; assessment for inpatient psychiatric hospitalizations; and any other services required in order to assist the chronically homeless and mentally ill across gender, cultural and linguistic diversity.

Jail Transition and Linkage Services

These services are designed to outreach and engage individuals involved in the criminal justice system who are receiving services from jail or jail-related services (e.g., court workers and attorneys). The goal is to successfully link them to community-based services upon their release from jail. The program addresses the needs of individuals in collaboration with the judicial system by providing identification, outreach, support, advocacy, linkage, and interagency collaboration in the courtroom and in the jail. Jail transition and linkage staff work with the MHSA SA Navigators as well as service providers to assist incarcerated individuals access appropriate levels of mental health and supportive services such as linkage to housing and other benefits upon their release from

jail. The goal of these services is to prevent release to the streets and unnecessary emergency/acute psychiatric inpatient services, and reduce risk for re-incarceration.

Katie A.

LACDMH, in collaboration with DCFS, provides a variety of mental health services associated with the settlement agreement in the Katie A. class action lawsuit (2002). These services are targeted to children and youth in the county's child welfare system that have open DCFS cases, EPSDT eligibility, and meet the medical necessity requirement for full scope Medi-Cal. The program includes the mental health screening of all children and youth with open child welfare cases and the triaging of those who screen positive to LACDMH staff who are co-located in each of the 18 DCFS regional offices. The cases are then triaged referred on the basis of acuity to Directly Operated and Contracted mental health providers.

Key program areas include:

- A significant expansion of the County's Wraparound Program
- IFCCS
- Treatment Foster Care Program (TFC)
- Multidisciplinary Assessment Team (MAT)

The County continues to implement the Shared Core Practice Model (SCPM) as well as the Intensive Care Coordination (ICC) and Intensive Home Based Services in accordance with the California Department of Health Care Services Medi-Cal Manual. Outcomes associated with the County's efforts are monitored via performance on a set of child welfare data indicators, results of the Qualitative Services Review, and successful implementation of the Katie A. Strategic Plan (2008). Oversight for the implementation of these activities is provided by a Court-appointed Advisory Panel, plaintiff attorneys, and the Federal District Court.

Consumers served for FY 16-17 by Katie A.

Program/ Project/ Activity	Number of Consumers Served by Ethnicity and Gender								
	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
Katie A.	1,639	4,567	11,267	305	88		854	696	12
	Other Ethnicities:								
	Multiple Ethnicity (759) Unknown/ Ethnicity (6,937)								
	Language of Staff:								
	All threshold languages								

Katie A. projects and activities continue to contribute to LACDMH's provision of culturally and linguistically competent services. LACDMH and DCFS developed a SCPM by which both departments agreed to a common vision and set of practice principles. Featured in this practice model is an agreement to provide culturally and linguistically competent

services. Adherence to the model is evaluated using a Qualitative Service Review process.

The implementation of structured screening, assessment, and referral process, including DCFS Children's Social Workers and co-located LACDMH staff has been present for several years. Through this process, children and youth who may be in need of mental health services are quickly identified and linked to services. Currently, over 85% of children and youth with open DCFS cases are referred to the co-located LACDMH staff for triage, referral, and linkage.

KATIE A.		
Projects/Activities/Strategies	**Status/Progress**	**Monitoring/Outcomes/Findings**
1. <u>Coordinated Services Action Team (CSAT):</u> Mental health screenings of all children with open Department of Children and Family Services (DCFS) cases and referrals of those screening positive to Los Angeles County Department of Mental Health (LACDMH) co-located staff for assessment and triage to our Contracted children's mental health providers.	LACDMH and DCFS track and report on a monthly basis. In calendar year 2017, approximately 90% of DCFS children who were administered the Mental Health Screening Tool (MHST), screened positive and were referred to LACDMH staff that are co-located in each of the DCFS Regional Offices. These co-located LACDMH staff triage cases to community Mental Health Providers based upon acuity and service needs. LACDMH has Contracted with more than 64 Legal Entity providers to administer mental health services for those children in need.	Annual reports are prepared for the Board of Supervisors. The screening process has resulted in a significant improvement of the penetration rate for mental health services provided to DCFS involved children.
2. <u>Multidisciplinary Assessment Team (MAT) Trainings:</u> • MAT/CFT Integration Pilot SCPM and CFT Trainings • MAT 101 Training – Culture of Foster Populations, Use of Cultural Humility as an approach to assessment and engagement.	• Aligned with the roll out of the MAT/CFT pilot in SA 2, these trainings were provided to MAT agencies servicing the Santa Clarita and Chatsworth DCFS regional offices. • The MAT 101 training is provided to new MAT assessors across all eight SAs as needed. The training covers the Katie A. lawsuit and entitlements of children who belong to the Katie A. class and subclass. Additionally, new assessors are trained on the SCPM and the current policies and procedures of the MAT program. Trainings are held within the SAs and are	• Qualitative outcomes were tracked through regularly held feedback sessions throughout the pilot process. Quantitative outcomes were tracked jointly by LACDMH and DCFS countywide MAT staff. • Qualitative outcomes (e.g., quality and timely completion of MAT assessments) are regularly monitored by SA MAT Psychologists and DCFS MAT Coordinators.

KATIE A.		
Projects/Activities/Strategies	**Status/Progress**	**Monitoring/Outcomes/Findings**
• Birth – five (0-5) Training on Trauma, developmentally and culturally–informed components to guide clinical assessments and case conceptualization.	coordinated with the SA LACDMH staff and DCFS MAT staff members when new MAT assessors have been hired by Contracted MAT providers. Typically, such trainings occur eight to ten times per fiscal year (FY). • This training was developed for MAT assessors and 0-5 treatment providers across the Children's System of Care in order to increase capacity for service provision to young children involved in the Child Welfare system.	• The training continued to be provided to MAT staff, with all MAT Contracted and Directly Operated providers, as well as numerous DCFS staff, being trained throughout the course of FY 16-17.
3. <u>Coaching/Trainings:</u> SCPM Trainings that address cultural humility and emphasize Engagement and Teaming to target the lack of participation and disproportionality between the Native American and the African American population in foster care. Child and Family Teaming (CFT) Trainings, which emphasize the element of the family's voice and choice, and the family being viewed as the expert in the teaming process, and increasing cultural awareness and respect. Additionally, CFT Trainings emphasize the need to accommodate the family's preference and delivery of services in the family's language. Coaches are bilingual and able to deliver services in the preferred language of the families. The California Partners for Permanency Practice Model (CAPP) specifies 23 practices or guidelines on how staff can engage children and families in the Child Welfare System. The practices also guide staff on how to conduct assessments and plan interventions. These 23 guidelines were derived from focus groups held with families and	• Conducted SCPM trainings to LACDMH staff and contract providers two to three times a month or as needed. • Delivered SCPM trainings and intensive coaching to mental health providers/Wraparound agencies. • Delivered Child and Family Teaming trainings and intensive coaching to mental health providers/Wraparound agencies. • Developed Child and Family Team Facilitators at Wraparound agencies. • Conducted monthly consultation conference calls to assist Child and Family Facilitators troubleshoot issues on challenges faced when providing the Child and Family Team process. • Developed and conducted web-based training on documentation of the child and	• Training Evaluations were provided to all participants. • The LACDMH Coaches administered CFT Facilitator Surveys to capture the areas for needed learning and improvement by each CFT Facilitator. • The LACDMH Coaches developed and administered a Coaching Agreement tool to document the participant's learning and mastery of skills during the coaching process. • The LACDMH Coaches administered Child and Family Team Surveys. This tool was utilized to obtain feedback from the child and family following the CFT meeting. The survey was utilized to collect information as to how the family perceived their culture (language, values, traditions, beliefs, etc.) was embraced and valued by their team during the CFT process.

KATIE A.		
Projects/Activities/Strategies	**Status/Progress**	**Monitoring/Outcomes/Findings**
community stakeholders, and have been incorporated into the SCPM Trainings. Katie A. Provider Meeting are an opportunity for LACDMH Coaches to provide skill building workshops and tools for Child and Family Team Facilitators and Supervisors.	family team plan to intensive mental health providers. • Developed and conducted skill building workshops to enhanced engagement, cultural awareness, safety, and trauma responsive interventions.	• The LACDMH Coaches held CFT Agency Debriefing meetings with each Wraparound agency provider to monitor the outcomes of the CFT training process. These meetings allowed for discussions on the value of learning from the family to better understand the child and family's culture. The value of listening to the family story and learning from the family's perspective was discussed as means of enhancing the team approach. • Coaching sessions also focused on building a team that is more culturally sensitive and responsive to the child and family's needs.
4. <u>Wraparound</u>: The Wraparound Practice Principles include: • Family Voice and Choice • Team–based • Collaboration • Community-based • Culturally Competent • Individualized • Strength based • Natural Supports • Persistent • Outcome-based These Principles of the Wraparound Program are reinforced by ongoing training and coaching on the SCPM for LACDMH staff and Contracted providers. Each new Wraparound employee is required to participate in trainings related to the Wraparound Model. This model of service delivery is culturally competent in that every principle is aimed at empowering consumers and families so that they may find solutions within the	During FY 16-17, Wraparound Providers have serviced 4,320 youth and their families with an emphasis on culturally sensitive methods.	The Wraparound Countywide Plan includes Countywide Administration monitoring of Wraparound Providers with special attention given to cultural sensitivity and responsiveness. LACDMH Wraparound liaisons participate in Plan of Care (POC) Reviews. These POC reviews are focused on 12 life domains, which are individualized and culturally sensitive. The life domains include safety, family functioning, legal concerns, emotional and behavioral concerns, social relationships, recreational activities, health and medical, work, and cultural/spiritual aspects. Outcome data is collected by LACDMH through the Outcome Measures Application (OMA), which targets the Wraparound FSP children, youth, and families.

KATIE A.		
Projects/Activities/Strategies	**Status/Progress**	**Monitoring/Outcomes/Findings**
context of their unique values and beliefs, strengths, preferred supports, and unique communities.		
5. <u>Intensive Treatment Foster Care (TFC)</u>: • *Pre-Match consultations* incorporate culture as one of the elements discussed/considered at the time of matching youth with foster families and planning services. • *Routine announcements to agencies* about available trainings on cultural humility and those that incorporate cultural competency (ex: Culturally Sensitive Practices, Commercial Sexual Exploitation of Children (CSEC) 101, LGBTQI2-S TAY Safe and Welcoming Environment, How Deaf Mental Health is Unique, Emotional CPR in Spanish, and Substance Use/Dual Diagnosis Conferences). • *Provider Roundtable meetings* schedule time for agencies to share information with one another about upcoming trainings and information obtained from trainings they attended. This has included topics such as developmental disabilities, CSEC, and LGBTQI2-S populations. • *Clinical Consultation* is offered as needed and includes discussion and support for the provision of culturally competent engagement and services. • *Intensive Treatment Foster Care Program (ITFC) Outreach in the community.* ITFC Foster Family Agencies (FFA) outreach to faith-based communities to recruit foster parents for ITFC. Some ITFC agencies train, certify, and support ITFC Foster Parents who are monolingual in Spanish or bilingual in English and Spanish. Spanish	• Agencies are considering ethnicity, language, local community, age, and experience with systems and mental health challenges when matching youth to foster families and treatment staff. • Agency staff have attended some of the trainings through this announcement process. • Several agencies have recruited foster parents that specifically want to work with youth from special populations. These future parents and youth are matched for services. • Providers have shared information on topics such as developmental disabilities, CSEC, and LGBTQI2-S populations and trainings available through their agencies or community partners. • Clinical consultation has been provided to support improvement with culturally appropriate services (e.g., culture of family violence and substance use, gang culture) • ITFC agencies continue to recruit and train staff and foster parents to provide care and services to youth in Spanish.	• Children's Intensive Services Review (CISR) have been incorporated on annual basis to include evaluation of the integration of culture in the treatment/services of the youth

KATIE A.		
Projects/Activities/Strategies	**Status/Progress**	**Monitoring/Outcomes/Findings**
speaking youth are able to receive services in Spanish.		
6. Family Preservation (FP): A. SCPM Trainings that incorporate the element of Cultural Humility. B. Introduction to Family Preservation	Three SCPM trainings were offered to FP LACDMH staff in FY 16-17. The Introduction to Family Preservation training is provided to all of the LACDMH and Lead Agencies across all eight SAs to review the new Statement of Work (SOW) that began in September 2017. The new SOW incorporates the SCPM into the program. The training covers the Katie A. Lawsuit and entitlements of children who belong to the Katie A. subclass. Additionally, the in-home outreach counselors and clinicians are trained on the SCPM and the current policies and procedures of the FP program. Trainings are held within each SA and are coordinated with the SA FP Liaison, the DCFS FP staff members, and the Community Based Organizations contracted by DCFS to provide services to FP. Typically, such training occurs eight to ten times per FY. In FY 16-17, 14 trainings were conducted.	Quantitative outcomes were collected via participant's surveys at the completion of each training session. Such outcomes are tracked by via the Child Welfare Division Training Coordinator. A sign-in sheet is completed during each of the trainings and provided to the DCFS Family Preservation Program Monitors. Qualitative outcomes such as timely access to services, coordination and teaming conducted, strengths, and cultural considerations and humility are monitored during the FP survey visits conducted one time a year at each LACDMH provider site.
7. <u>Intensive Field Capable Clinical Services (IFCCS):</u> IFCCS is a field-based program developed in direct response to the State's expansion of services available to Katie A. Subclass members who have intensive mental health needs that are best met in a home-like setting. The goal of these services is to incorporate a coordinated child and family team approach into service delivery. This is achieved by engaging and assessing children and their families' strengths and underlying needs to minimize psychiatric	The IFCCS program continues to provide culturally and linguistically competent services by ensuring that services are provided in the families' preferred language. Target populations are consistently met every fiscal year.	In FY 16-17, IFCCS utilized the CISR process, which is an adaptation of the Quality Service Review (QSR), to ensure quality of service provision and evaluate fidelity to the SCPM. The CISR process focuses on 4 practice performance indicators (Engagement, Teamwork, Assess & Understanding, and Intervention Adequacy). The CISR also includes the current status of a child, or Child Well-Being, and that is determined based on multiple variables including Safety Needs,

KATIE A.		
Projects/Activities/Strategies	**Status/Progress**	**Monitoring/Outcomes/Findings**
hospitalizations, placement disruptions, out-of-home placements and involvement with the juvenile justice system. In April 2016, IFCCS grew from a 100 slot program to a 765 slot program.		Emotional Needs, Attachment Needs, Social Needs, and Permanency Needs. Cultural considerations and trauma informed practice are also reviewed. Specifically, the CISR team is looking at the team's considerations of the family's culture, cultural values, how the family identifies themselves, and whether services are rendered in the family's language preference.
8. <u>Katie A. Quality Services Review:</u>	A total of six Quality Service Reviews were completed at various DCFS regional offices during FY 16-17 (Wateridge, Santa Fe Springs, Santa Clarita/West San Fernando Valley, South County, West LA, and Pasadena). LACDMH conducted 42 debriefing sessions to Mental Health Provider agencies to continue supporting SCPM implementation (which includes a Cultural Competency component). In addition, LACDMH QRS staff provided the following trainings: 7 Shared Core Practice Model trainings; 16 QSR Foundational Trainings for Providers; and 11 Specialized Trainings for Countywide Providers and DCFS Partners for a total of 34 trainings during FY 16-17.	For the six offices, Emotional Wellbeing was in the 70% acceptable range. Overall Practice, however, was 39% acceptable and Teamwork continued to be the lagging indicator at 14% acceptable. It should be noted that early results of efforts to increase training and staff development is being reflected in the offices reviewed in the upcoming FY 17-18. Cultural Humility and Reducing Disparity: • The QSR Protocol outlines the need for children and youth to be in settings where they can be "connected to their preferred language and culture, community, faith, extended family, tribe, social activities, and peer groups." • Interview questions are designed to determine child and family status as well as the County's practice. Questions pertaining to the protocol and reviewer training emphasize the need to remain neutral and practice cultural humility when meeting with families.

Promotores de Salud Mental (Mental Health Promoters) Program
Promotores de Salud Mental is a program composed of lay workers trained to enhance a community's understanding of mental health symptoms, syndromes, and available treatments. Promotores de Salud decreases the stigma associated with mental illness and provides targeted outreach to ethnic communities that do not traditionally seek mental health services due to linguistic isolation; cultural beliefs and stigma around mental health/illness; and financial barriers.

The Promotores de Salud Mental projects and activities contribute to LACDMH's provision of culturally and linguistically competent services by addressing the barriers to accessing mental health services. Barriers such as lack of resources due to poverty, limited knowledge of the English Language, immigration issues, transportation problems, and stigma create major challenges for the community to learn about mental illness and treatment resources.

Promotores are trusted leaders who are embedded in their community and serve as a powerful tool to improve access to care. Promotores' ability to enhance language capacity and cultural relevance by speaking the same language and often sharing similar cultural and spiritual beliefs with the Latino community helps to lessen these disparities. Through the use of mental health presentations, Promotores serve as connectors between the monolingual community to health services and community resources. Promotores can be trained consumers, family members, and local community leaders, who bring their unique skills in reaching Latinos. They are perceived as peers with similar life experiences providing credible information and linkage to resources.

During FY 16-17, the Promotores de Salud Mental Program continued to improve access to mental health services and eliminate disparities by increasing the number of Promotores outreaching into the community, and by collaborating with Los Angeles County Department of Public Health to educate the community on public a health concern that also affected their mental wellbeing. Specifically, the two new trained cohorts received two required mental health foundational trainings, Phase I (80 hours) and Phase II (48 hours), as well as specialized training on a public health crises affecting the community such as the City of Vernon Exide soil contamination and the Zika virus infections.

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Number outreached for FY 16-17 by Promotores de Salud Mental

Service Area	Presentations Conducted	Approximate # of Persons Served
4	84	814
6	18	60
7	1,276	12,800
8	669	4,950

SA 4 presentations by site type

Schools	Churches	MH Clinics/ Wellness Centers	Private Homes	Social Service Organizations	Senior Centers	Housing Complex	Community Centers	County Facilities/ Libraries & Parks	Other
11	0	2	2	1	7	27	10	11	6

Presentations by content area

Mental Health Stigma	Depression	Anxiety	Grief and Loss	Drugs and Alcohol	Familial Violence	Child Abuse	Suicide	Childhood Disorders
26	13	13	14	7	11	0	0	0

SA 6 presentations by site type

Schools	Churches	MH Clinics/ Wellness Centers	Private Homes	Social Service Organizations	Senior Centers	Housing Complex	Community Centers	County Facilities/Libraries & Parks	Other
6	0	0	6	5	0	0	0	1	0

Presentations by content area

Mental Health Stigma	Depression	Anxiety	Grief and Loss	Drugs and Alcohol	Familial Violence	Child Abuse	Suicide Prevention	Childhood Disorders
7	4	3	3	1	0	0	0	0

SA 7 presentations by site type

Schools	Churches	MH Clinics/ Wellness Centers	Support Groups	Child Care/ Preschools	Senior Centers	Housing Complex	Community Centers	County Facilities/ Libraries & Parks	Private Homes
64	5	8	13	20	4	3	26	5	13

Presentations by content area

Mental Health Stigma	Depression	Anxiety	Grief and Loss	Drugs and Alcohol	Familial Violence	Child Abuse	Suicide	Childhood Disorders
168	165	148	144	123	135	79	87	227

SA 8 presentations by site type

Schools	Churches	MH Clinics/ Wellness Centers	Private Homes	Social Service Organizations	Senior Centers	Housing Complex	Community Centers	County Facilities/ Library & Parks	Other
37	10	9	15	0	0	0	19	1	0

Presentations by content area

Mental Health Stigma	Depression	Anxiety	Grief and Loss	Drugs and Alcohol	Familial Violence	Child Abuse	Suicide Prevention	Childhood Disorders
12	86	72	67	65	70	48	51	144

PROMOTORES DE SALUD MENTAL/MENTAL HEALTH PROMOTERS		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
1. Educational Presentations Promotores provided educational presentations to reach unserved and underserved Latino Spanish-Speaking communities, to educate and empower them, decrease stigma and fear of	Promotores continue to conduct outreach and schedule mental health presentations throughout their communities.	Presentation and participant data is monitored by Promotores and LACDMH staff. Sign-in sheets are collected for each presentation and participants counted.

PROMOTORES DE SALUD MENTAL/MENTAL HEALTH PROMOTERS		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
mental health issues, and promote self-care.	Outreach is targeted to Latino speaking communities that are linguistically isolated and that due to cultural beliefs, stigma, fear, or financial barriers do not traditionally seek mental health services.	Promoters' Coordinator and Promoters regularly outreach to the community to recruit community organizations interested in having Promoters come and present on the Mental Health modules they have been trained on. LACDMH Promoters collectively conducted 2,047 mental health education workshops and served approximately 18,600 residents in their respective communities.
2. Collaboration with the DPH A. Exide soil contamination Promotores participated in a DPH-led collaborative to address the City of Vernon Exide soil contamination crisis and assist the community that continues to be impacted by this toxic spill. B. Zika virus educational program The goal of this collaboration was to prepare county residents for the potential of the Zika Virus being found in local mosquitoes.	A. 30 Promotores from both SAs 7 and 8 received nine hours of training by DPH on Exide and lead contamination. B. To accomplish this task, Promoters received training about the Zika Virus and participated in field exercises, working in crews with the Mosquito and Vector Control Departments, going door-to-door distributing Zika literature and talking to residents about prevention, assisting Vector personnel conduct walk-arounds to point out mosquito breeding dangers and taking preventive measures to stop a potential widespread outbreak.	A. Promotores conducted door-to-door outreach to 4,058 homes, spoke to 1,277 residents and were successful in providing Exide information packets to the affected Latino communities. B. Promoters received training about the Zika Virus and participated in field exercises, working in crews with the Mosquito and Vector Control Departments, going door-to-door distributing Zika literature and talking to residents about prevention, assisting Vector personnel conduct walk-arounds to point out mosquito breeding dangers and taking preventive measures to stop a potential widespread outbreak.
3. Expansion of Promotores Program LACDMH is striving to train and support the activities of Promotores in all eight SAs.	The goal for FY 16-17 was to expand the program to SAs 4 and 6.	The expansion goal was met. The Department hired and trained an additional 33 bilingual/bicultural Promoters of Mental Health, 15 for SPA 6 and 19 for SPA 4. <u>Total Number of Promotores per SA</u> • SA 4 - 19 • SA 6 - 15 • SA 7 - 29

PROMOTORES DE SALUD MENTAL/MENTAL HEALTH PROMOTERS		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
		• SA 8 - 26

Recovery, Resilience, and Reintegration (RRR) Community–Designed Integrated Service Management Model (ISM)

RRR-ISM was developed to improve the quality of services for UsCC by addressing the fragmentation inherent in the current public mental health system of care and by building on the strengths of each particular community. The RRR-ISM model enhances the resources of the formal network of regulatory providers (e.g. mental health, physical health, substance use, child welfare, and other formal service providers) with culturally-effective principles and values.

The RRR-ISM model is defined by communities and promotes collaboration and partnerships between formal providers, non-traditional service providers, and community-based organizations to integrate physical health, mental health, substance use, and other needed care to support the recovery of consumers. "Formal" providers include mental health, physical health, substance use, child welfare, and other similar service providers. "Non-traditional" providers are those that offer community defined services, including cultural healers, yoga instructors, and other wellbeing facilitators. Services are grounded in ethnic communities with a strong foundation of community-based, non-traditional, and natural support systems such as faith-based organizations, voluntary associations, and other service groups.

The RRR-ISM model differentiates the specific needs and approaches for five distinct UsCC groups including: AAA, AI/AN, API, EE/ME, and Latino.

Consumers served for FY 16-17 by RRR-ISM by Provider and Consumer Ethnicity

RRR-ISM	Ethnicities Served	Number Enrolled
Alma Family Services	• Latino	• 398
Asian Pacific Health Care Venture/Pacific Clinics	• Chinese	• 84
Didi Hirsch	• Armenian	• 126
Korean ISM	• Korean	• 106
LA Child Guidance	• Latino	• 163
Pacific Asian Counseling Services	• Cambodian	• 122
St. Joseph Center	• Latino	• 169
Tarzana Treatment Center	• Latino	• 283

RRR-ISM	Ethnicities Served	Number Enrolled
United American Indian Involvement	• White • AAA • Latino • AI/AN • Other • Mixed Race/Multiple Ethnicities	• 167 (for all ethnicities)
University Muslim Medical Association/ Weber	• AAA	• 184

Consumers Served for FY 16-17 by RRR-ISM Program, Consumer Age and Gender

Age Distribution	**Percentage**
% Age 16-25	9.5%
% Age 26 - 36	17.1%
% Age 37-47	25.3%
% Age 48-59	31.3%
% Age 60+	16.8%
TOTAL	**100%**

Gender	**Percentage**
Female	74.2%
Male	25.8%
TOTAL	**100%**

RRR-ISM projects and activities contribute to LACDMH's provision of culturally and linguistically competent services by implementing capacity-building projects that are developed by the UsCC Unit in collaboration with the six UsCC subcommittees. Each UsCC subcommittee provides ethnic-specific background and insights for the development of projects for their own communities.

SA Navigators Teams

SA Navigators assist individuals and families in accessing mental health and other supportive services and network with community-based organizations in order to

strengthen the array of services available to consumers of the mental health system. Such networking creates portals of entry in a variety of settings that would make the Department's long-standing goal of no wrong door achievable. The SA Navigators increase knowledge of and access to mental health services through the following activities:

- Engaging in joint planning efforts with community partners, including community-based organizations, other County Departments, intradepartmental staff, schools, health service programs, faith-based organizations, self-help, and advocacy groups, with the goals of increasing access to mental health services and strengthening the network of services available to consumers in the mental health system
- Promoting awareness of mental health issues and the commitment to recovery, wellbeing, and self-help
- Engaging persons receiving services and family members to quickly identify currently available services, including supports tailored to the consumers' culture, ethnicity, age, and gender identity
- Recruiting community-based organizations and professional service providers to become part of an active locally-based support network for people in the SA, including those most challenged by mental health issues
- Following up with people with whom they have engaged to ensure that they have received the help they need

SA-Based O&E

LACDMH considers O&E to be critical activities that embody cultural competence within the framework of LACDMH's vision of hope, wellbeing, and recovery. Education is the primary purpose of these activities – in particular, educating the community about mental health issues in a manner that meets the audience where they are. For example, going into an ethnic community to talk about suicide may not be successful given the stigma associated with this topic. However, when O&E Teams go into the community, they present information in more accessible and less stigmatizing approaches to build stronger relationships and tie within the community.

Our aim is for the O&E work to create an infrastructure that supports the commitment to forming partnerships with historically disenfranchised communities, faith-based organizations, schools, community-based organizations, and other County Departments to achieve the promise of the MHSA. As stated in the CSS Plan, strong emphasis is placed on outreach and engagement to underserved, unserved, inappropriately served, and hard-to-reach ethnic populations.

SA O&E Coordinators engage in the following activities:

- Targeted Outreach Activities
  - Conduct one-on-one outreach focusing on mental health in each SA
  - Attend community meetings in specific SA
  - Attend and conduct outreach at health fairs and/or conferences
- Networking, Collaborating, and Partnering

    - Network with agencies, schools, providers, and community groups to offer presentations to consumers
    - Collaborate with various community organizations
    - Represent the Department at various meetings: Community Organized for Resource Enhancement (CORE), Southeast Cities collaborative, and SAs
- Presenting Information and Educating Community
    - Conduct presentations to community members regarding community mental health resources and mental health education
    - Coordinate logistics for presentations and conduct follow-ups with agencies/organizations
    - Prepare presentation information about mental health services and/or topics requested by the host.
    - Develop handouts to distribute at presentations or events for community members
    - Educate community members on how to access resources for all groups in English and Spanish on mental health issues
    - Translation of presentation materials into the preferred language of the intended audience
    - Conduct online research to compile resources for parents and community members
    - Develop mental health presentations in response to specific requests received from the community
- Providing and/or Linking to Resources
    - Provide guidance and support on mental health issues
    - Link consumers to mental health, physical health, transportation, and legal resources as needed
    - Link community groups to the LACDMH Suicide Prevention and Anti-Stigma Teams
    - Act as liaisons between other government agencies such as DCFS, DPSS, Probation, DHS, and the Mexican Consulate
- Specialized Activities
    - SA Navigation duty
    - Resource Libraries
    - Monitor provider agency contracts to assure budget and utilization of contract is in order

Spirituality

Mental Health Academy (MHA)

The LACDMH MHA was implemented in January 2014 to bring faith-based leaders and mental health professionals into a collaborative effort to build faith partnerships for hope, wellbeing, and recovery. The goal of the MHA is to build healthier communities by promoting mental health awareness, reducing stigma associated with mental illness, and increasing access to quality mental health services. Through the MHA, faith leaders attend free presentations and trainings on various mental health topics. Faith leaders can customize the MHA training topics

according to the needs of their congregations by choosing among 29 training topics in its curriculum. The general areas of training include: Mental Health 101, Psychological First Aid, common mental health conditions (e.g., depression, anxiety, PTSD, and substance use), crisis management, suicidality, effective communication, conflict management, support groups, healthy work environment, grief and loss, and gangs. Some of the courses are available in Spanish and Mandarin.

The MHA projects and activities contribute to LACDMH's provision of culturally and linguistically competent services. The MHA trains the clergy and religious communities where they are located. Mental health staff connect with and learn about the members of the community through their stories of adversity and resiliency. Trainings are provided in English, Spanish, Mandarin, Korean and Tagalog.

At the end of each presentation, the attendees are informed of the 24/7 ACCESS number and they are encouraged to ask for language interpretation if they cannot speak English. One of the MHA topics is "How to Navigate the LACDMH System." This is one of the core topics offered as a three-hour presentation to encourage the community to visit clinics, and programs. Attendees are also encouraged to call the mental health coordinator in case they have difficulty accessing the system.

SPIRITUALITY: MHA		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
1. Mental Health Academy (MHA) trainings for SA 1 at City of Hope DCFS Lancaster	Conducted three trainings from February 2016 to April 2016	Training totals: • 23 Alma staff and volunteers trained on Gangs • 27 on Sexual Abuse • 25 on Loss and Grief
2. MHA training for SA 1 trainings at Roundtable	Conducted two trainings from January 2017 to February 2017	Training totals: • 18 staff and clergy trained on Psychological First Aid • Six on Domestic Violence
3. MHA training for SA 2 at Clergy Breakfast	Conducted two trainings from September 2016 to May 2017	Training totals: • 25 on 12 Step Spirituality • 35 on Mental Health 101
4. MHA training for SA 2 at Archdiocesan Council of Catholic Women	Conducted one training in October 2016	Training totals: • 30 on Healing our Families – Mental Health Perspective
5. MHA training for SA 2 at Our Lady of Lourdes	Conducted eight trainings from January 2016 to August 2016	Training totals: • Four on Navigating the LACDMH System • Six on Bullying and Harassment • Seven on Homelessness

SPIRITUALITY: MHA		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
		• 12 on Emotional Sobriety • Eight on Mindfulness • 15 on Conflict Resolution • Seven on Support Groups • 14 on Effective Communication
6. MHA training for SA 2 at Meet Each Need with Dignity	Conducted one training in January 2017	Training totals: • 20 on Mental Health 101
7. MHA training for SA 2 at Archdiocesan Council of Catholic Women	Conducted one training in January 2017	Training totals: • 20 on Depression and Anxiety
8. MHA training for SA 2 at Vaughan Center	Conducted one training in September 2017	Training totals: • 89 on Mental Health 101 (Spanish)
9. MHA training for SA 2 at Yaroslavsky Family Center	Conducted two trainings from June 2017 to August 2017	Training totals: • Six on Effective Communication • 20 on Domestic Violence
10. MHA training for SA 2 at San Fernando Mental Health Center	Conducted one training in April 2017	Training totals: • 20 on Crisis Management, Mental Health 101
11. MHA training for SA 2 at Glendale Masonic Center	Conducted one training in June 2017	Training totals: • Six on Mindfulness
12. MHA training for SA 2 at Our Lady of Peace	Conducted one training in June 2017	Training totals: • 15 on Suicidality
13. MHA training for SA 3 at Consortium of Advocate and Parent Partners	Conducted ten trainings from January 2016 to October 2016	Training totals: • 15 trained on Life Transitions • 20 on Substance Abuse • 24 on Homelessness • 23 on Mindfulness • 14 on Gangs • 15 on Parenting Skills • 15 on Bullying and Harassment • 80 on Self Care • 10 on Loss and Grief • 22 on Sexual Abuse
14. MHA training for SA 3 at Brown Memorial	Conducted three trainings from February 2016 to July 2016	Training totals: • 63 on Mental Health 101 • 30 on Counseling 101 • 15 on Psychological First Aid
15. MHA training for SA 3 at Clergy Breakfast	Conducted four trainings from January 2016 to September 2016	Training totals: • 20 on Loss and Grief • 60 on Pornography Addiction

SPIRITUALITY: MHA		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
		• 22 on Homelessness • 29 on Suicidality
16. MHA training for SA 3 at Ability First	Conducted one training in June 2016	Training totals: • 22 on Mental Health 101
17. MHA training for SA 3 at Arcadia Mental Health Center	Conducted one training in March 2016	Training totals: • 24 on Pornography Addiction
18. MHA training for SA 3 at Pacific Clinic	Conducted one training in October 2017	Training totals: • 11 on Self Care
19. MHA training for SA 3 at Consortium of Advocate and Parent Partners	Conducted one training in September 2017	Training totals: • 11 on Self Care
20. MHA training for SA 4 at Iglesia del Nazareno	Conducted seven trainings from January 2016 to October 2016	Training totals: • 26 on Bullying and Harassment (Spanish) • 13 on Sexual Abuse (Spanish) • 14 on Homelessness (Spanish) • 16 on Parenting Skills (Spanish) • 14 on Substance Abuse (Spanish) • 27 on Gangs (Spanish) • 24 on Pornography Addiction (Spanish)
21. MHA training for SA 4 at St. Camillus	Conducted six trainings from March 2016 to October 2016	Training totals: • 10 on Conflict Resolution • 10 on Counseling101 (Part 1) • 10 on Counseling 101 (Part 2) • 10 on Effective Communication Skills • 10 on Personality Disorders • 10 on Interdisciplinary Team building
22. MHA training for SA 4 at Cathedral Chapel of St. Vibiana	Conducted two trainings in June 2017	Training totals: • 20 on Loss and Grief • 20 on Mindfulness
23. MHA training for SA 4 at White Memorial	Conducted eleven trainings from December 2016 to April 2017	Training totals: • 20 on Counseling 101 • 23 on Homelessness • 20 on Working with Victims of Sexual Abuse • 20 on Mental Health 101 • 23 on Loss and Grief • 30 on Mental Health First Aid • 10 on Parenting Skills • 13 on Bullying and Harassment • 11 on Support Groups • 25 on Recovery International

SPIRITUALITY: MHA		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
		• Eight on Navigating the LACDMH System
24. MHA training for SA 6 at LA Baha'i Center	Conducted one training in April 2016	Training totals: • 26 on Mental Health Academy
25. MHA training for SA 6 at Board Office	Conducted one training in May 2016	Training totals: • 20 on Navigating the LACDMH System
26. MHA training for SA 7 at St. Bruno	Conducted two trainings from February 2016 to April 2016	Training totals: • 12 on Communication Skills • 15 on Support Groups
27. MHA training for SA 7 at Consortium of Advocate and Parent Partners	Conducted nine trainings from May 2016 to July 2017	Training totals: • 15 on Conflict Resolution • 20 on Psychological First Aid • 11 on Emotional Sobriety • 15 on Parenting Skills • 20 on Suicidality • 15 on Counseling 101 (Part 1) • 15 on Counseling 101 (Part 2) • 15 on Navigating the LACDMH System • 16 on Suicidality
28. MHA training for SA 7 at Artesia	Conducted one training in April 2016	Training totals: • 126 on Mental Health 101
29. MHA training for SA 7 at Clergy Breakfast	Conducted one training in January 2017	Training totals: • 15 on Psychological First Aid
30. MHA training for SA 7 at Roundtable	Conducted one training in June 2017	Training totals: • 10 on Moral Injury
31. MHA training for SA 8 at South Coast Interfaith Council	Conducted nine trainings from February 2016 to October 2016	Training totals: • 17 on Mental Health 101 • 22 on Counseling 101 • 12 on Suicidality • 12 on Counseling 101 (continuation) • Six on Navigating the LACDMH System • Six on Homelessness • 15 on Depression and Anxiety • Nine on Loss and Grief • 16 on Crisis Management
32. MHA training for SA 8 at St. Joseph	Conducted 10 trainings from January 2010 to July 2016	Training totals: • 44 Youth on Bullying and Harassment (Bilingual) • 21 on Loss and Grief (Spanish) • 23 on Domestic Violence (Spanish)

SPIRITUALITY: MHA		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
		• 13 on Counseling 101 (Spanish) • 39 on Teen Dating (Bilingual) • 11 on Depression and Anxiety (Spanish) • 12 on Navigating the LACDMH System (Spanish) • 26 on Domestic Violence • 14 on Gangs (Spanish) • 29 on Conflict Resolution (Spanish)

Chaplaincy Program (Also known as Spiritual Care Program)

This is a pilot project that involves having a Chaplain deployed in each of the 52 Wellness Centers in the Los Angeles County for: 1) spiritual counseling to consumers; 2) facilitation of spiritual support groups; 3) performing spiritual activities when needed; and 4) linkage of consumers to the community churches when requested. One requirement for this program is for the Chaplain to be trained in mental health.

SPIRITUALITY: CHAPLAINCY PROGRAM		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
1. Training sessions for Chaplains at White Memorial Medical Center	Conducted eleven trainings from December 2016 to April 2017	Topics included • Counseling 101 • Homelessness • Working with Victims of Sexual Abuse • Mental Health 101 • Loss and Grief • Mental Health First Aid • Parenting Skills • Bullying and Harassment • Support Groups • Recovery International • Navigating the LACDMH System

Faith-Based Advocacy Council (FBAC)

The LACDMH brings together, on a monthly basis, a wide sample of interfaith Clergy from many corners of Los Angeles County. In the process, FBAC is propelling our mental health and spirituality initiative as members of the Council find a common purpose across languages, ethnicities, and races. FBAC has been in operation for ten years, originally called the LACDMH Clergy Advisory Council, infusing the Department with a greater understanding of how to partner with faith communities. At the same time, it has been a consulting body in the preparation of parameters used to train the LACDMH staff on how to address the whole person, their spirituality and culture as tools for recovery from mental illness. In addition to

representatives from diverse religious organizations, FBAC is made up of O&E staff from the eight SAs who attend the monthly meetings to make connections with Clergy that foster diverse faith collaborations in their assigned neighborhoods.

FBAC meetings are held the first Thursday of every month with a different meeting agenda focusing on the most pressing issues of the County such as: Housing for the homeless, reentry from incarceration and community relations with the Los Angeles Police Department (LAPD), to name a few. A driving force for the selection of issues discussed is the Council Executive Board, which is made up of the following cultural representation: Muslim, Cambodian, Jewish, African American, White, Chinese, and Latino.

Monthly meetings often become an opportunity for cultural immersion when facilities for the gathering are used in places such as St. Sophia's Greek Orthodox Cathedral, the Jewish Wilshire Boulevard. Temple, Blessed Sacrament Catholic Jesuit Parish Church and the Holman United Methodist Church as a representative sample. Additionally, there are often presentations from religious organizations that combine spirituality with social services and are often provided in various languages.

Finally, in addition to the monthly meetings, FBAC representatives serve on the LACDMH SLT, and volunteer for special committees. The Council also conducts workshops for conferences and creates special events, most recently a Town Hall for Clergy with the theme, "Families Facing the Challenge of Mental Illness." Furthermore, FBAC provides a resource table for the LACDMH Mental Health and Spirituality Conference.

FBAC projects and activities contribute to the Department's cultural and linguistic competent services by involving representatives from various cultural and linguistic backgrounds. The relationships between these representatives and the Department bring their constituents and congregational members to interface with LACDMH services. By involving clergy from underserved communities, LACDMH O&E staff, and faith representatives, FBAC becomes a conduit of knowledge of how to promote access to mental health services and eliminate disparities.

SPIRITUALITY: FBAC		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
1. Monthly meetings of approximately 40 members from diverse faiths and cultures of Los Angeles County.	Continuing uninterrupted for ten years.	The outcome is a diverse cultural and inter-faith group that has formed lasting connections with LACDMH.
2. Executive Board meetings with a culturally diverse group providing leadership for FBAC.	The Executive Board has been meeting for over two years and currently meets every other month on the third Wednesday.	Each Board member promotes access to LACDMH and as a group advocates for diverse representation.

3. Resource tables at conferences and workshop development.	These activities are ongoing throughout the year in preparation for the annual conference.	Outcomes include the trainings at conferences on mental health issues pertinent to particular cultures and gender.
4. Involvement in various committees	This aspect of the program continues to expand with time.	Ongoing dissemination of the importance of spirituality in mental health services continues to be brought up to raise awareness and align resources

Mental Health/Interfaith Clergy Roundtable Program

The Roundtable Program promotes interactions between interfaith clergy and LACDMH for the purpose of developing mutually respectful relationships, sharing expertise from their disciplines, and exploring the nexus between the worlds of mental health and spirituality in their daily practice. The Roundtable Program creates an environment of collaboration in supporting individuals and families struggling with mental illness.

The purpose of the Roundtable Program is ultimately to expand partnerships between clergy and the mental health staff of the local community to increase knowledge of LACDMH and faith community resources. The Program also contributes to creating collaborative models between LACDMH and local faith-based institutions, which can expand the knowledge of Mental Health services within the community while promoting the importance of spirituality and faith-based resources for individuals in mental health recovery.

The Roundtable model is based upon a collaborative partnership among the District Chiefs and the LACDMH Community and Government Relations Division (CGRD), which provides support and technical assistance. As a flexible model, it acknowledges the diverse range of relationships between the public mental health system and clergy within each SA, the needs of each SA as determined by the respective Chiefs, and the staff resources within each SA. For example, SAs that have established relationships with clergy through breakfast gatherings, taskforces, or other related committees can collaborate with these existing contacts. Otherwise, SAs can engage with the Roundtables and provide targeted outreach to faith-based communities.

The Mental Health/Interfaith Clergy Roundtable Program projects and activities contribute to LACDMH's provision of culturally and linguistically competent services. This program trains mental health professionals from LACDMH and faith-based organizations to develop and sustain Mental Health/Interfaith Clergy Roundtables that focus on:

- Understanding of the role of spirituality in delivering culturally sensitive services
- Techniques for engaging and supporting faith leaders in their work with congregants

- The benefits of clergy/mental health collaboration adaptations in working with the community
- Techniques for expanding the capacity of clinical programs to access collaborative resources in the faith community
- Establishing partnerships with faith-based representatives from various cultures and languages of Los Angeles County

SPIRITUALITY: MENTAL HEALTH – INTERFAITH CLERGY ROUNDTABLE		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
1. Monthly Mental Health/Interfaith Clergy Roundtables throughout the County	A total of 10 Mental Health/Interfaith Clergy Roundtables were conducted for two hours once a month • One roundtable in each of the SA • One in Skid Row • One for the Korean-speaking clergy	Mental Health and Interfaith Clergy members take the information, skills, techniques, and resources back to their mental health consumers and their congregations.
2. Mental Health/Interfaith Clergy Roundtable Facilitators Training/meetings	Every other month all Mental Health/ Interfaith Clergy Roundtable Facilitators meet for training, technical assistance, and networking.	Mental Health/Interfaith Clergy Roundtable Facilitators take the information, skills, techniques, and resources back to their monthly Roundtables, clinics, and programs.
3. Semi-annually Mental Health/Interfaith Clergy Roundtable District Chief meetings	Semi-annually all Mental Health/ Interfaith Clergy Roundtable District Chiefs meet with the Community and Government Relations Division (CGRD) for training and strategizing purposes.	Mental Health/Interfaith Clergy Roundtable District Chiefs take the information, skills, techniques, resources, strategies, and plans back to their SAs.

Mental Health and Spirituality Conference

This conference is an annual event hosted for the Clergy, members of religious organizations, and providers of human services on the integration of mental health and spirituality in our system of care. When planning for the Conference the community and CGRD ensures that the topics and presenters are models of diversity in relation to ethnicity, gender, and lifestyle. The Mental Health and Spirituality Conference took place on May 3, 2017. The Conference showcased religious practices, appealing to attendees of a myriad of inter-faith groups (e.g., Christians, Jews, Muslims, Native Americans, Buddhists, Atheists, and Agnostics).

The Clergy are usually the first responders within their communities. Thus, the overarching goal for the conference is for the Clergy to gain knowledge and skills in identifying when their congregants need mental health services, thereby preventing the exacerbation of symptoms that could lead to serious mental illness. Consumers and family members also attend the conference. The presenters with

lived experience feel empowered when they speak. They are eloquent in expressing their thoughts on how the Clergy and the community could see them with understanding, respect, and compassion.

SPIRITUALITY: MENTAL HEALTH AND SPIRITUALITY CONFERENCE		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
1. 16th Annual Conference on Mental Health and Spirituality: The Renaissance of the Whole Person	This year's conference included: • 1 Keynote speaker • 6 breakout groups or workshops • 20 Resource tables Conference foci: • Moral Injury as spiritual concern needs clinical attention • Integration of spirituality in provision of mental health services • Importance of mental health training to clergy as they are first responders • Importance of self-care for all service providers • Substance use as spiritual issue needing attention • Creation of mental health teams in congregations as a resource • Effective use of Inter-faith collaboration in addressing homelessness	427 persons attended the conference; 63 were consumers and 21 family members had scholarships; verbal interpretations were done in Spanish, Korean, and Tagalog to some 30 consumers, family members, and clergy.

Mental Health and Spirituality Training Program

"Studies have shown that spirituality can play an important role in Mental Health recovery and wellbeing. It is often cited as a source of hope, providing purpose and meaning in one's life, which are considered to be important factors in recovery and wellbeing. In a recent California survey of Mental Health consumers and family members, 75% of respondents indicated that spirituality is important to their health. Two thirds of respondents agreed or strongly agreed that the public Mental Health system should do more to support consumers and families in utilizing their spirituality as a wellness and recovery resource." – California Institute of Mental Health (CiMH).

In keeping with these trends, LACDMH is committed to training mental health staff on integrating spirituality into mental health services and developing partnerships with faith-based organizations to help consumers utilize their spiritual preferences in support of their recovery goals. The Spirituality Initiative Training Program trains mental health staff and faith leaders to raise awareness of the importance of considering, integrating and supporting the spiritual interests of persons seeking services. This training program develops the skills to understand and address the role of spirituality in culturally competent mental health services. It also teaches techniques for engaging and supporting faith leaders in their work with congregants, and the benefits of clergy/mental health collaboration working with

the community. Additionally, this training program provides techniques on expanding the capacity of clinical programs to access collaborative resources in the faith community.

SPIRITUALITY: MENTAL HEALTH AND SPIRITUALITY TRAINING PROGRAM		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
1. Trainings • Introduction to Mental Health and Spirituality (including Parameters for Spiritual Support) Trainings for Mental Health Staff and Community Faith Leaders	• Conducted two-hour trainings for mental health staff and faith leaders at mental health sites	• Participants take the acquired skills, techniques, and resources back and implement these at their sites.
• Spiritual Self-Care Manual and Toolkit Training for Wellness and Client-Run Center staff	• Conducted one-day trainings for Wellness and Client-Run Center staff	• Participants take the acquired skills, techniques, and resources back and implement these in group settings at their sites.
• Spiritual Self-Care Manual and Toolkit Training for Community Faith Leaders	• Conducted two-day trainings for community faith leaders	• Participants take the information, skills, techniques, and resources back and implement these in group settings at their faith organizations.
2. Webinars • Webinar on LACDMH's Parameters for Spiritual Support for Mental Health staff	• Created a one-hour webinar training for mental health staff	• Working with Human Resources to test and implement.

Telemental Health and Consultation

Telemental health uses advanced technologies to provide mental health services to individuals in remote locations. It allows medically underserved areas greater access to specialty care. In ethnically diverse Los Angeles County, Telemental health allows for non-English-speaking individuals to receive mental health services in their preferred language. Using the Internet and a two-way television system, mental health professionals and consumers can communicate in a completely confidential matter. This videoconferencing strategy offers real-time audio and high definition visual resolution.

Collaborative consultation refers to healthcare professionals communicating as a team in order to improve the lives of consumers who are in medical treatment. The Telemental Health and Consultation team of psychiatrists is dedicated to training and educating primary care physicians so they can better manage their consumers who, in addition to the medical problems, are found to have mild to moderate mental health disorders. Consultation services are also delivered either directly or indirectly to clinicians who offer EBPs and supportive services to consumers in primary care settings.

The Telemental Health and Consultation program is at the forefront of LACDMH's goals of providing culturally and linguistically matched mental health services by providing assessment, continuity of care, and medication management services to consumers who

speak non-English languages (e.g., Spanish, Farsi and Ethiopian Amharic). A pilot program has been initiated to decentralize the activities of the TeleHub, and increase the non-English-speaking psychiatric workforce involved in delivering linguistically-matched care utilizing video-teleconferencing strategies.

The primary endpoints for the Telemental Health and Consultation program are located in SA 1. This part of Los Angeles County has perennially struggled with recruiting and retaining qualified psychiatrists. Services delivered by Telepsychiatrists at the program via video teleconferencing allow consumers to still be seen at the mental health clinic that is closest to their place of residence. Without this program, consumers would have to travel burdensome distances in order to access care – in this region of Los Angeles County that would be the Olive View Urgent Care Center which for many would be greater than 60 miles round-trip. It is difficult to estimate, however, it can be assumed that the program's presence in SA 1 has mitigated consumer decompensation as well as psychiatric hospitalizations.

Medical and non-medical Spanish-speaking staff associated with the Telemental Health and Consultation Program provide services using video teleconferencing strategies to enhance culturally competent, linguistically matched care in SA 1. Moreover, with recent acquisitions of Farsi-speaking psychiatrists and an Ethiopian-speaking nurse this ability to provide linguistically matched care will improve.

TELEMENTAL HEALTH AND CONSULTATION		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
Webcam Technology Three psychiatrists who speak Mandarin, Armenian, and Russian have added a webcam, Jabber software, microphone, and a second monitor to their computer systems. This will facilitate their communication with consumers in other clinics who prefer an evaluation with a psychiatrist in one of those three languages.	The Cultural Competency Initiative remains in progress during transition at LACDMH.	Process and flow protocols have been written and are ready for distribution.

Veterans and Loved Ones Recovery (VALOR) Program

The LACDMH began providing specialized services for veterans in 2010. The VALOR program is headquartered at Bob Hope Patriotic Hall, where military veterans, regardless of their military discharge status and eligibility for Veterans Affairs (VA) benefits, are seen. The rapid growth and formal organizational status signifies the importance and high priority given to this population by the County and Department management.

The VALOR program's goal is to bring opportunities for hope, wellbeing, and recovery to Los Angeles County veterans and their families who need mental health services. VALOR staff recognizes they must start by helping veterans fulfill basic needs. Consequently, there is a strong emphasis on reducing homelessness among veterans, increasing housing linkages and mental health services, and building partnerships with veteran's service providers. The VALOR Program provides outreach and engagement for homeless veterans and their families with serious mental illnesses and/or co-occurring issues. Outreach and engagement efforts focus on veterans living in encampments, on the streets, and by underpasses, parks, libraries, emergency rooms, and other locations frequented by homeless persons. Consumers are surveyed to determine if they already have or may be eligible for veteran's benefits, and are linked with programs such as mental health treatment, substance use treatment, health care for chronic medical conditions, benefits establishment or others depending on their specific needs. The VALOR program has fostered positive relationships with local veteran's affairs facilities and help consumers gain access to these resources as appropriate.

Staff also works closely with the County's Department of Military and Veterans Affairs (DMVA) to ensure mental health counseling and treatment, veteran benefits and entitlements, and housing options are available to veterans who contact this resource. On January 1, 2016, the VALOR program transitioned into a FSP program serving homeless veterans who may not qualify for VA Healthcare Benefits. Finally, VALOR staff is an integral part of LACDMH's implementation of the Countywide SB-82 Mobile Crisis Response Teams. These teams are deployed by SA.

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Consumers served for FY 16-17 by VALOR

Program/ Project/ Activity	Number of Consumers Served by Ethnicity and Gender								
	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
Outreach and Engagement	32	45	13	1	2		72	9	
	Other Ethnicities:								
	Not specified								
	Language of Staff:								
	English			Spanish					
FSP	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
							56	7	
	Other Ethnicities:								
	Not specified								
	Language of Staff:								
	English			Spanish					

The VALOR program ensures that Veterans are involved in a number of ways at LACDMH and as members of the Los Angeles County Mental Health Commission. Consumers who are Veterans and family members of Veterans provided recommendations that were incorporated into LACDMH's MHSA PEI Plan. The recommendations included: needed assistance in training, education, and outreach to Veterans and family members in the areas of life skills, job training, and system navigation. In addition, programs specific to training, education, and outreach for providers on treatment approaches for Veterans experiencing PTSD, brain trauma, and other forms of trauma were incorporated into LACDMH'S PEI Plan. Many consumers, some of whom are Veterans or have family members who are Veterans, are employed in LACDMH Directly Operated programs and participate, through the Department's Office of Consumer Affairs, with regional client coalition groups and NAMI. These individuals are also actively involved in various Countywide SAACs and in the ongoing collection of consumer-reported outcome measures. Finally, the VALOR program employs four Veterans of the US military including two formerly homeless Veterans.

The VALOR program provides a full range of services to homeless Veterans that have both a serious mental illness and substance use disorder. VALOR staff receives basic training on the identification and assessment of COD. Such training includes drug recognition, screening and assessment for substance use as well as utilizing the stages of change model and motivational interviewing techniques. Appropriate referrals and linkage are also provided to Veterans who are homeless and have both a serious mental illness and substance use disorder. The VALOR program actively refers and provides linkage to Federal Veteran's Affairs programs by identifying Veterans not currently receiving services and linking them to the appropriate program for mental health treatment. The VALOR Program also collaborates with the Los Angeles County DMVA to ensure the provision of mental health counseling and treatment, Veteran benefits and

entitlements, and housing options are available to veterans. Finally, VALOR program staff use the training and supervision they receive to ensure they are sensitive to the age, gender, and racial/ethnic differences of the Veterans served.

VALOR		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
1. Outreach and Engagement Activities	Staff conduct outreach at encampments, streets, underpasses, parks, library premises, emergency rooms and other locations where homeless veterans frequent. Outreach staff also provides case management to homeless veterans to link them to veteran specific or other services as needed. All individuals receiving services will be surveyed for veteran's benefits and referred to and linked with appropriate treatment venues for mental health treatment, substance use, treatment of chronic medical conditions, case management, and shelter services and benefits establishment. Finally, program staff also provides referrals and services for community mental health, rehabilitation, and alcohol/drug use services.	Quarterly and annual reports are provided to the LACDMH and State PATH liaisons for outreach and engagement of homeless veterans.
2. FSP Program	FSP staff responsibilities include the following: • Provide 24/7 afterhours on-call and field visits when needed • Field-based services, including Psychiatry; as clinically indicated • Focus upon: obtaining and maintaining housing, decreased incarceration and/or psychiatric hospitalization, obtaining and maintaining sobriety, employment readiness, benefit establishment and connection to health services and supports	The program participates in LACDMH's Outcome Measure Application (OMA) system for FSP.

Young Mothers and Babies FSP

Young Mothers and Babies Full Service Partnership (Mamás y Bebés) Program is an intensive, field/home-based mental health program serving young mothers (ages 16-25) and their babies (0-5). The focus of this program is on helping to foster a healthy relationship and attachment between mother and child, and to address mental health issues in the children and their mothers. Services aim to reduce dysregulation in young children, and promote social and emotional intelligence. A substantial number of consumers have been referred by DCFS, as families are at risk of having children detained due to abuse or neglect. Pre-schools have referred children who have been expelled or are at risk of being expelled due to poor impulse control or mood disorders. Referrals also come from the Nurse Family Partnership (NFP) and from high schools where TAY mothers are struggling to balance parental responsibilities with school

requirements. Probation has referred TAY parents who have been dependents of the court and are often in placement. Many mothers are homeless or in undesirable housing circumstances. Others are involved in domestic violence or economic dependency. Most consumers are of Latino heritage.

Consumers served for FY 16-17 by Youth Mothers and Babies FSP

Program/ Project/ Activity	Number of Consumers Served by Ethnicity and Gender								
	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
Young Mothers and Babies FSP	2%	1%	97%				25%	75%	
	Language of Staff:								
	English		Spanish						

Young Mothers and Babies FSP staff go into the community rather than expect the consumers to come to the clinic. Many, if not the majority of consumers and families, have never needed to visit the clinic. FSP staff have been involved across the spectrum of the consumer's life as appropriate, and as indicated by the consumer's goals. Staff accompany consumers to important meetings, advocate with immigration authorities, and help navigate a challenging system to access housing. Staff have assisted and advocated with school enrollment, and helped establish paternity for support. This increases trust and hope, which encourages consumers to address emotional and system barriers. All staff, as Latinas, understand the challenge of communicating their work in a way that eliminates clinical and technical jargon. Their approach is based on building upon the inherent strengths and coping skills of a community that has survived mostly on its own. Young Mothers and Babies FSP projects and activities continue to contribute to LACDMH's provision of culturally and linguistically competent services. The FSP Young Mothers and Babies ethnic/cultural background and language capacities match that of the community. The program's full time staff is 100% Latino and Spanish/English bilingual, while the surrounding community is 98% Latino, and the caseload is presently 97% Latino.

Furthermore, the program develops connections beyond traditional referral sources. Traditional referrals have come through DCFS pediatricians and schools already familiar with the program. However, the program is looking to connect with other schools and primary care providers who have not sent referrals. Part of this is being done through a federal pilot project, Transforming Clinical Care, which includes a focus on mental health-primary care communication. Another avenue has been DMH funding of fellowships to the Napa Child-Parent Institute at UC Davis.

YOUNG MOTHERS AND BABIES FSP		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
1. Field-based services	Staff continues to spend 70 percent of its time in the field, meeting in consumers' homes, parks, schools, service agencies, or any place vital to consumer's life. Program has fleet of two cars and one van. A third car has been ordered.	Recorded mileage on cars, and progress notes in electronic records, confirm the amount of time spent in the field.
2. Programs that target specific ethnic and language groups	Young Mothers and Babies focuses on the traditionally underserved and underrepresented Latino population, although we do not discriminate against referrals of other ethnicities. 95% of consumers is Latino, as is the surrounding community. Services continue to be directed at the needs identified by the consumers themselves. All members of the family, including the mother, grandparents, children and available fathers, are involved. The full time treatment team is 100% bilingual, Spanish/English-speaking, and Latino.	Latinos have historically had strong reasons to be wary of government-provided services that indicate goals and values of an uncomprehending other culture. This distrust has taken on more extreme anxieties with present anti-immigration attitudes and decisions coming from a federal level. Locally, many consumers have had problematic experiences with DCFS. Some mothers grew up in foster care. By meeting with the Latino community in their homes and neighborhoods, guiding them in pursuing goals based on their cultural values, speaking their language, and receiving services from Latino staff, families achieve a greater sense of power over their own lives. This increase in mastery in one area can lead to confidence that consumers and families are capable of meeting other challenges.
3. Multi-lingual/multi-cultural staff	The entire Roybal FSP full-time team is Latina, and Spanish/English bilingual. The majority are immigrants or first-generation, who grew up in circumstances their consumers would recognize. This is also a multi-disciplinary team; a mental health clinical supervisor, two social workers, a psychologist, a registered nurse (who trained in Columbia) and two community workers. One of the two half-time psychiatrists is also bilingual Spanish/English, who studied medicine in Mexico.	Experience with non-Latino but Spanish-speaking staff, has shown a difference between being able to speak the language, and being able to deeply understand the culture. Roybal will continue to make it priority to hire staff with personal and professional experience in the cultural and geographical communities it serves. Cultural considerations are included in all trainings with staff. In this past year, several staff were able to better understand that simply being Latino is not a short-cut to understanding persons from different geographic roots, and that they themselves cannot become complacent in this regard.
4. Efforts to reduce homelessness	Transitional Age Youth are particularly challenged in accessing predictable safe and adequate housing. Some have	Lacking staff capacity to reassign anyone from other duties to serve strictly in housing, Roybal has

YOUNG MOTHERS AND BABIES FSP		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
	endured abusive and violent situations. Many live at the whim of friends who allow them for a few days (couch surfing). Many are homeless. The FSP team has been required to be eminently creative and quick acting to find safe and reliable housing for these mothers and children, in a community with only a 2% rental rate, and where rent costs are skyrocketing. The face of restrictive federal homeless definitions further exacerbates the challenge.	positioned all staff with experience and skills in finding and accessing housing, to serve on the clinic Housing Task Force. Tasks are divided based on particular knowledge skill sets, and time availability. Bi-monthly meetings provide updates on resources and policy changes. This approach secured housing for four TAY youth over the past year. In addition, Roybal continues to have staff at the SA 7 First Housing project for homeless youth. Five Roybal moms are presently housed at the Mosaic Gardens program. The FSP team meets weekly with Mosaic residents in a group and individual basis. An arts group has been particularly popular with consumers who had previously shunned mental health services. The FSP team has also enrolled undocumented moms in the Violence Against Women Act programs which leads to legal residency, and therefore eligibility for housing.

Criterion 3 Appendix

Attachment 1: Acronyms

Acronyms CR 3.docx

Attachment 2: MHSA Three Year Program and Expenditure Plan FY 17-18 through FY 19-20

MHSA 3 yearplan FY 17-18 through FY 19-2